



**UNIVERSITY OF
BIRMINGHAM**

**HARMFUL SEXUAL BEHAVIOUR:
PROFESSIONAL PERSPECTIVES AND RISK FACTORS**

by

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Abstract

The aim of the present thesis was to explore risk factors and professional perspectives on Harmful Sexual Behaviour (HSB), to build on existing research and guide professional practice. Chapter one of this thesis details the background to the research area which provides a context for the remaining chapters. Chapter two presents a systematic literature review which examined the relationship between Adverse Childhood Experiences (ACE) and HSB. The findings of this review identified sexual victimisation as a significant factor in relation to HSB, with mixed findings for the other types of adversity identified in the search. Conclusions derived from this chapter highlighted the need for further research. Chapter three outlines a critique of a youth risk assessment measure, the J-SOAP-II. Although the J-SOAP-II did show promise on certain facets of validity and reliability, the finding that the measure lacked predictive validity was problematic given its purpose as a risk assessment tool. Conclusions drawn from this chapter indicated that assessors using the J-SOAP-II should be cautious about the accuracy of their assessments, and subsequent decisions. Chapter four outlines an empirical project which explores educator's perspectives on HSB; specifically, the study aimed to capture educators' experiences, training, understanding and perceptions of HSB. Four themes were elicited from the thematic analysis which provided a snapshot of HSB within mainstream schools. Findings explored educators' knowledge of HSB, responses to incidents of HSB, and their perceptions (and those of wider society) of HSB. The conclusions of this chapter highlighted practice implications within Education in terms of managing negative perceptions and staff burnout, supporting parents and communities and encouraging systemic approaches to tackling HSB in schools. Chapter five of the thesis collates the key findings and synthesises these into one cohesive conclusion.

Dedication

For my beloved grandad, Ralph.

22nd September 1936 – 30th August 2019

I want to dedicate this thesis to you and all that you stood for. Although I would do anything to say this to you in person, I know that you have been by my side this past year, giving me the strength that I need to finish the course. Without your unconditional love and support along the way, I would not have had the resilience, the motivation, or the means to write this thesis. Thank you for being my role model and inspiration – I love you always.

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CHAPTER ONE

Introduction to Thesis

Introduction

Estimations indicate that between one fifth and one third of all child sexual abuse cases in the UK, are perpetrated by children or adolescents (Hackett, 2004). Alarming, research has found that up to two thirds of contact sexual abuse reported by under 18-year olds is perpetrated by a peer (Radford et al., 2011). Although many young people in society follow a normal sexual development trajectory, research has uncovered a small but significant subgroup who participate in 'harmful' sexual acts (Smith et al., 2013). These behaviours have the potential to cause harm to the individual engaging in the behaviour and to others, through sexual victimisation (Hackett, 2014). The term which is widely used to document these occurrences is 'Harmful Sexual Behaviour' (HSB) – a term that will be defined later in this chapter.

Recognition of Harmful Sexual Behaviour (HSB)

Cases of HSB were referenced in the literature as early as 1941 (Waggoner & Boyd, 1941). In their research paper, 'Juvenile Aberrant Sexual Behavior', Waggoner and Boyd (1941) reported on twelve cases of "sexual perversion", which had been evidenced in adolescent males and females (p. 276). Waggoner and Boyd's (1941) definition of "aberrant sexual practices" referred to "regular and preferred" patterns of deviant behaviour (p. 276). Their conceptualisation appears to overlap with the modern-day definition of HSB.

In their paper, the authors noted that "aberrant sexual practices in children have not received sufficient attention in the past" (Waggoner & Boyd, 1941, p. 275). They added that, consequently, this type of behaviour continued to be poorly understood by researchers. Waggoner and Boyd (1941) hypothesised that a typical adult may feel disgusted by the behaviour, perceiving the young person involved to be a "degenerate" who was beyond

redemption (p. 275). The researchers also considered that a normal adult may choose not to respond to these sexual practices, in the hope that the young person might "outgrow" their difficulties (p. 275). These hypotheses alluded to issues regarding how society reacted and responded to cases of HSB in the 1940s – seemingly, the authors noted an aversion to or dismissal of the behaviour and a general reluctance to address such issues within society.

Although their study was conducted almost eighty years ago, Waggoner and Boyd's observations continue to hold relevance today. Up until the 1980s, research concerning adult perpetrators of sexual abuse dominated the literature, with child and adolescent populations being largely excluded (Veneziano et al., 2000). Historically, instances of HSB were attributed to "adolescent adjustment reaction" or "normal sexual experimentation" (Cavanagh Johnson, 1988, p. 219). It has been suggested that these labels allowed harmful and maladaptive behaviour to be redefined as a normal aspect of child and adolescent development (Becker et al., 1986; Cavanagh Johnson, 1988). However, towards the end of the century, academic study of sexual offending widened its scope to include younger populations (Staiger et al., 2005; Veneziano et al., 2000).

Although there has been some progress in recent years, it does appear that modern society is still resistant to addressing the issue of HSB. Calder and colleagues (1997) hypothesised that this reluctance could be attributed to several factors: a lack of understanding; a lack of relevant services; discomfort with the topic; and reluctance on the part of professionals' to admit that HSB is a real issue amongst young people. Other researchers have questioned why there is a lack of awareness about these issues. Hackett (2014) highlighted a possible explanation for this, pertaining to the inherent nature of child sexual abuse. Sexually abusive acts are often shrouded in secrecy and in many cases, the victim chooses not to disclose their abuse because they feel guilty and ashamed (Hackett,

2014). To further exacerbate the problem of under-reporting and under recognition, society is intolerant and hostile towards perpetrators of sexual abuse – particularly those who abuse children. Some researchers have argued that children and adolescents engaging in HSB are commonly perceived as deviant, delinquent, disordered, deceitful and deficit-ridden, and in some cases, considered to be “mini” sexual offenders (Hackett, 2014, p.16; Letourneau & Caldwell, 2013; Worling, 2013). These negative attitudes cause further difficulties in the identification of HSB (Masson, 2001).

Despite the societal stigma associated with HSB, there is an increasing recognition that young people can engage in abusive sexual behaviours (Staiger et al., 2005). Research in the last two decades has attempted to comprehend the full extent of the problem. Although there is some variation between studies, accumulative findings indicate that young people are perpetrators in a considerable proportion of child sexual abuse cases (i.e., Erooga & Masson, 2006; Hackett, 2004; Radford et al., 2011; Vizard et al., 2007). However, a definitive estimate regarding the proportion of young people who engage in abusive sexual behaviours cannot be determined due to issues with the reporting of incidents. Due to the controversial nature of abusive sexual behaviour – particularly within this population – it is likely that many incidents are not reported (Staiger et al., 2005). Regardless, the figures identified by researchers in the field provide a broad estimate of the prevalence of HSB and support the view that HSB is a significant issue amongst young people.

Definitions of Harmful Sexual Behaviour (HSB)

In the UK, the term ‘Harmful Sexual Behaviour’ (HSB) is generally regarded as the appropriate term to use, when describing inappropriate or abusive sexual behaviours exhibited

by children or adolescents. Leading researcher, Professor Simon Hackett (2014) defines HSB as:

Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult. (The Children's Society et al., 2018, p. 3).

However, HSB is not consistently defined in the literature; in fact, there is substantial variability in the terminology adopted by researchers (Hackett, 2014). Some terms attempt to label the behaviour, for example, 'sexually harmful behaviour' (i.e., Potter & Reeves, 2015), 'sexually abusive behaviour' (i.e., Hickey et al., 2008) and 'sexual behaviour problems' (Masson & Hackett, 2004). Other terms label the individual engaging in the behaviour, for instance, 'juvenile sex offender' (i.e., Barbaree & Marshall, 2006), 'young sexual abuser' (i.e., Vizard, 2002), and 'sexually aggressive children' (i.e., Araji, 1997). Although there does appear to be an overlap between these terms, some of them are more specific about the behaviour they are describing. For example, 'sexually abusive behaviour' appears to refer to behaviour involving coercion, manipulation or non-consent (Burton et al., 1998). Whereas 'sexually problematic behaviour' may refer to behaviour that does not involve the victimisation of others; rather it is behaviour that may be harmful to the child exhibiting it (Hackett & Taylor, 2008). Researchers note that the most important thing about the terminology used to describe HSB, is that it clearly and accurately describes the acts that are committed (Hackett et al., 2016). Hackett (2014) posits that, due to the variety of behaviours exhibited by young people, it is appropriate to have a choice of terminology.

However, the inconsistency concerning the definition of HSB can be problematic, as it can make it difficult to ascertain whether studies are examining the same demographic and/or behaviour (Hackett, 2014). In England and Wales, children under the age of 10 who engage in abusive sexual behaviours are not labelled as offenders, even if they engage in behaviours that are consistent with adult offending; this is due to the law, which states that children under the age of 10 lack the capacity to commit a criminal offence. As such, the terminology used for children who engage in abusive sexual behaviour differs from that used for adolescents and adults.

However, there appears to be discrepancy within the adolescent group regarding what terminology should be used for this type of behaviour. It is suggested that this is due to the 'blurry line' regarding where late adolescence meets adulthood (Beech et al., 2009). Some researchers label adolescents who engage in abusive sexual behaviours as 'juvenile sex offenders' (Barbaree & Marshall, 2006). However, many researchers argue that the label 'sexual offender' is inappropriate to attribute to young people (O'Brien, 2008). This is due to the negative connotations of the term, which labels a person based on their behaviour and, consequently, casts doubt on the likelihood of change and reform (O'Brien, 2008). Furthermore, the severity of the label fails to capture the full spectrum of behaviours that may be exhibited by this population (O'Brien, 2008). Most academics agree that HSB should not be viewed as being synonymous with sexual offending, and adolescents with abusive patterns of sexual behaviour should not be referred to as 'mini sex offenders' (McNeish et al., 2018); adolescents are not adults and therefore, cannot be understood, or referred to, in the same way (Beech et al., 2009).

In recent years, scholars have made a case for the term HSB, in addition to terms such as 'sexually harmful behaviour' and 'problem sexual behaviour'. The rationale for adopting

these terms seems to be because they place the child or adolescent “in relation to the behaviour”, rather than characterising the child as the behaviour (Staiger et al., 2005, p. 8). The term HSB also acknowledges that there is harm to both the victim and the perpetrator of the behaviour (McNeish et al., 2018).

‘Harmful’ versus ‘normal’ sexual behaviour

Definitions of HSB not only consider what behaviours are characteristic of HSB, but also consider what behaviours are not consistent with the conceptualisation of HSB. As such, it is important to have a good understanding of ‘normal’ sexual behaviour, to truly recognise the point at which sexual behaviours become harmful.

It is noted that the conceptualisation of acceptable versus unacceptable sexual behaviour does vary significantly between cultures. In the past fifty years, there appears to have been a shift in some Western societies, regarding how sexual behaviour is understood and accepted (Bancroft, 2003). For example, researchers note that adolescents are more sexually active and sexually aware than they have been in previous decades (Bancroft, 2003). This is likely due to Western society becoming less sexually inhibited and more educated about sexual development. However, this is not the case universally. In fact, other cultures may consider these seemingly ‘normal’ sexual practices to be dangerous, inappropriate, or undesirable (Diamond & Savin-Williams, 2009). This is particularly evident in more conservative societies, where sex remains a taboo subject (Kar et al., 2015). In contrast, in some developing countries adolescents are sexually active from an even younger age. For example, adolescent girls in India are who are subjected to early marriages, and thus, sexual relationships (Kar et al., 2015). It appears that the mismatch between different societies’ cultural norms can complicate the picture of what behaviour may be considered ‘normal’ and

what behaviour may be ‘abnormal’ or ‘harmful’. It is important to caveat this, as behaviours that may be deemed to be harmful in Western cultures, may not be perceived in the same way universally.

According to researchers, HSB differs from cultural perceptions of typical sexual development and sexual expression (Meiksans et al., 2017). While normative sexual development refers to spontaneous and infrequent behaviour which is devoid of coercion (Chaffin et al., 2008), HSB can be obsessive, coercive, degrading, violent and may cause harm to those involved (Hackett et al., 2016; Meiksans et al., 2017). In HSB cases, there may be concerns about the differing age or developmental ability of the participants involved (Hackett et al., 2016; Meiksans et al., 2017). Harmful sexual acts may occur at a higher frequency than developmentally appropriate behaviours (Chaffin et al., 2002). Furthermore, sexual behaviour may become harmful when the behaviour persists despite adult intervention, or when it occurs in secrecy (Chaffin et al., 2002).

Normative sexual development commences in infancy – during the first few months of life (Wurtele & Kenny, 2011). Up until the age of two, sexual development is relatively limited; infants may explore their own body, enjoy touch and nudity, participate in self-stimulation as a form of self-soothing and want to touch others’ body parts (Wurtele & Kenny, 2011). During early childhood (three to six years), children become more curious about sexual concepts; they may touch and expose their body parts and show an interest in other people’s body parts – including peers and adults (Wurtele & Kenny, 2011). Children in this age group are not expected to have knowledge of specific sexual behaviours, participate in sexual acts that resemble adult sexual activity, use coercion or aggression, or engage in persistent sexual behaviours (Wurtele & Kenny, 2011). Between the ages of six and nine, children will present as more inquisitive about sexual matters, but will be less likely to exhibit

sexualised behaviour in contexts where they may be observed by others (Wurtele & Kenny, 2011). They may experiment with same-age and same-gender children during play and participate in self-stimulation when they are alone. However, they will not engage in adult-like sexual interactions, or play with their private parts excessively, nor will they engage in sexual behaviours in public, or have knowledge of specific sexual acts (Wurtele & Kenny, 2011). The use of force, bribery and aggression is also abnormal within this age-group (Wurtele & Kenny, 2011).

Between nine and 12 years of age, young people experience significant hormonal and social changes in their lives (Wurtele & Kenny, 2011). This may result in increased sexual awareness and increased experimentation with sexual behaviours and romantic relationships (Wurtele & Kenny, 2011). During early adolescence, young people become curious about their own bodies and the bodies of others (Costa et al., 2001). They may experience sexual fantasies and start to masturbate. Concerning behaviours within this age group include participation in adult-type sexual activities with younger children, preoccupation with sex, frequent use of explicit websites and excessive masturbation, participation in sexual bullying, as well as genital exposure or public masturbation (Wurtele & Kenny, 2011). During middle adolescence (14 – 17 years), adolescents experience higher levels of sexual energy and an increased interest in physical contact (Costa et al., 2001). In late adolescence (17+), full physical maturation occurs, and individuals develop an interest in seeking out more long-term intimate relationships with others (Costa et al., 2001). This stage of adolescence is less about sexual exploration and more about sexual expression. Concerning behaviours during mid to late adolescence may include preoccupation with sex, public exposure or masturbation, sexual aggression and exploitation, non-consensual sexual activity and sexual harassment (Brook, 2015). These behaviours would be consistent with definitions of HSB.

Harmful Sexual Behaviour (HSB) and sexual offending

Despite there being significant differences between abusive sexual behaviour in early and later life, some researchers propose that adult sexual offending may originate in childhood or adolescence (Seto & Pullman, 2014).

Historically, research highlighted a link between adolescent and adult sexual offending (Harris, 2012). Early onset of sexual offending was previously found to be a risk factor for sexual recidivism (Hanson & Bussière, 1998). Moreover, data gathered from samples of adult sexual offenders supported the hypothesis that sexual offending commences in early life. For example, Abel and colleagues (1990) found that 40-50% of child molesters and 30% rapists reported an interest in sexual deviance before the age of 18. Furthermore, Groth and colleagues (1982) found that half of convicted sexual offenders committed their first sexual offence during adolescence. Research suggests that there are two peaks in the age-crime curve of sexual offending (Harris, 2012). The earlier surge in sexual offending occurs in adolescence, when a young person is approximately 13 years of age. This peak coincides with the psychosexual stage of development which introduces significant physiological changes and increased sexual experimentation (Wurtele & Kenny, 2011). This appears to contextualise the observation that sexual abuse is perpetrated by young people in many cases (i.e., Erooga & Masson, 2006; Hackett, 2004; Radford et al., 2011; Vizard et al., 2007).

In more recent years, there has been some divergence from this school of thought, with researchers disputing that there is an association between abusive sexual behaviour in early life and adult sexual offending. Longitudinal studies have found that young people who have engaged in abusive sexual behaviour are more likely to commit a nonsexual offence in later life, rather than a sexual offence (Chaffin et al., 2002). Research suggests that most

young people who exhibit HSB, do not become sexual offenders in adulthood. Nisbet and colleagues (2004) found that only 9% of the adolescent sexual offenders came to police attention for sexual abuse allegations in adulthood. Furthermore, Hargreaves and Francis (2013) identified a 13% reconviction rate over a 35-year period for men who had committed a sexual offence when they were under the age of 21. Although it is possible that low levels of reoffending can be understood in terms of successful treatment outcomes, or underreporting of sexual offences, the findings suggest that abusive sexual behaviour in early life does not always escalate to sexual offending in adulthood.

However, it is suggested that, for a small minority of cases, abusive sexual behaviour can escalate to sexual offending in later life, particularly if the young person is left untreated (Beech et al., 2009). Of the young people who exhibit HSB, older adolescents who abuse younger children and young people who engage in violent sexual behaviour, are most at risk of sexual recidivism (Hackett et al., 2013). Other risk factors that have been identified relate to the presence of antisocial behaviour, as well as deviant sexual beliefs and behaviours (Seto & Lalumière, 2010). Although sexual recidivism is not common amongst young people who engage in abusive sexual acts, those who do reoffend may inflict significant physical and psychological damage to their victims. As such, appropriate intervention may prove to be crucial.

Due to the deficiency in the research, there is a clear need for further exploration of HSB in order to increase academic insight. Conclusions drawn from the evidence-base may guide professional practice with young people engaging in HSB which may have a direct impact on their lives and the lives of others (i.e., by preventing victimisation).

Overview and aim(s) of thesis

The overarching aim of this thesis is to contribute to the evidence base by exploring pertinent issues pertaining to HSB; namely, risk factors and professional perspectives of HSB. Chapter one of this thesis has provided a background regarding the topic of HSB, by highlighting the context, terminology, and existing research. Specific aims for the following chapters have been detailed below:

1. Chapter two of this thesis presents a systematic review of the literature. The review concerned Adverse Childhood Experiences (ACEs) in relation to HSB in children and adolescents, the findings of which were incorporated into a descriptive data synthesis. The results are discussed, and references are made to recommendations for future research and practice implications.
2. Chapter three explores a widely used psychometric risk assessment measure, the J-SOAP-II (Prentky & Righthand, 2003). This measure can be used to assess risk of sexual and non-sexual recidivism in adolescent males who have histories of sexually abusive behaviour. As part of the critique, the psychometric properties of the measure are investigated, and conclusions are made regarding the measure's efficacy as a risk assessment tool.
3. Chapter four presents an empirical study which explores educators' perspectives on HSB. The study uses a qualitative methodology to investigate educators' perceptions, knowledge and experiences concerning young people who engage in HSB. A thematic analysis identified four key themes which addressed the research questions. A discussion considers the implications, suggestions for future research, methodological limitations and concludes on the findings of the study.

4. The final chapter of the thesis, Chapter five, integrates the findings of the previous chapters into one cohesive narrative, which summarises the present understanding of HSB following the commission of this thesis. Considerations are made to the wider implications of this research in relation to research and practice, and conclusions are drawn from the exploration of this research topic.

CHAPTER TWO

Systematic Literature Review

Adverse Childhood Experiences and Harmful Sexual Behaviour in children and adolescents:

A systematic review of the literature

Abstract

The aim of the present systematic literature review was to explore the early experiences of children and adolescents engaging in Harmful Sexual Behaviours (HSB), with a particular focus on childhood adversity. A search was conducted using five databases: Web of Science, EMBASE, PsycINFO, MEDLINE and Social Policy and Practice. Additional searches online and through examination of reference lists, identified further publications. All publications were measured against the inclusion and exclusion criteria and were then quality assessed. Quality scores varied between studies; all studies were deemed to be satisfactory for inclusion. In total, 13 publications remained following the completion of these stages. Sexual abuse appeared to feature predominantly in the literature. The timing and characteristics of sexual abuse appeared to influence the subsequent behaviour of the subjects. Other adversities such as physical abuse, emotional abuse, neglect, and family disruption were also explored. However, the relationship between these factors and the development of HSB was not as explicit. Consequently, further research into this field is recommended. The results of the review highlight facets of childhood adversity, in relation to HSB exhibited by children and adolescents. Limitations and recommendations for future research are outlined, and findings are discussed in reference to treatment and interventions with these individuals.

Introduction

Background

The etiology of adult sexual offending is a field that has been extensively researched. Subsequently, authors have identified a range of robust and valuable findings (Ward & Beech, 2006). Researchers have found that adversity may increase the risk that an individual will offend in later life (Marshall & Barbaree, 1990). Furthermore, researchers have noted that adult sexual offenders report experiencing significantly higher levels of sexual, physical, and verbal abuse, and neglect during childhood, when compared with individuals from the general population (Levenson et al., 2016). However, little is known about the nature of sexually abusive behaviour perpetrated by children or adolescents. Societal perceptions of young people are associated with beliefs that, such individuals, are inherently innocent (Staiger, 2005). On occasions where these beliefs are challenged, society chooses to minimise, deny, or condemn the behaviour (Staiger, 2005). Until recently, statutory services were not equipped to manage such cases, making specialist assistance for young people engaging in these types of behaviour inaccessible (Staiger, 2005).

It is further noted that there is significant ambiguity, within the literature, regarding how such behaviours should be defined. Professionals and researchers are reluctant to label and ultimately stigmatise young people by diagnosing sexual behaviour problems (Staiger, 2005). Due to the stigma associated with abusive sexual behaviour, the concept of Harmful Sexual Behaviour (HSB) was neglected in academic literature until the 1980s (Staiger, 2005). In the UK, there was limited professional awareness in this field until a report was published by the National Children's Home (1992). The report highlighted the need for further research with respect to children and adolescents who engage in HSB; it stated that young people with these behavioural difficulties form a distinct group when compared to adult sexual offenders,

and, thus, require different assessment methods. Research into HSB is still in its infancy, however, in more recent years the research base has grown, offering insight into the breadth of the problem. In 2012, a nationally representative survey was conducted which found that 65.9% of contact sexual abuse to be perpetrated by someone under the age of 18 (Radford et al., 2011). The prevalence of young people engaging in sexually abusive behaviour appears to be high, implying that the underlying causes of these types of behaviour have yet to be addressed.

Definitions

‘Harmful Sexual Behaviour’ (HSB)

As previously noted, there are multiple terms used in the literature to define sexually abusive behaviour displayed by minors. Harmful Sexual Behaviour (HSB) is an emerging term that is specific to young people under the age of 18 (Hackett, 2014). Definitions refer to ‘discussions’ or ‘acts’ of a sexual nature that are developmentally inappropriate (Rich, 2011). ‘Harmful’ sexual acts may range from using sexually explicit words to engaging in full penetrative sex with others (Rich, 2011). A sexual offence is a criminal behaviour that is defined by the Sexual Offences Act (2003). Sexual offences may be consistent with descriptions of HSB. Prior to 1998, there was a rebuttable presumption that individuals under the age of 14 could not differentiate between right and wrong. However, this presumption was abolished by Section 34 of the Crime and Disorder Act (1998). The current law in England and Wales dictates that from the age of 10, individuals possess criminal responsibility. Children who are under the age of 10 do not have the capacity to commit an offence. In other words, those between the ages of 10 and 17 may be required to go through youth courts and could be admitted to secure centres for young people as a consequence of their offending.

‘Childhood adversity’

The term ‘childhood adversity’ can be divided into several key constructs. The term adversity itself refers to any hardship or experience of suffering that is associated with difficulty, misfortune, or trauma (Jackson et al., 2007). Similarly, the term maltreatment refers to physical abuse, emotional abuse, sexual abuse, and neglect which may result in actual or potential harm to a child’s survival, development or dignity within a relationship of responsibility (Butchart et al., 2006).

Physical abuse is characterised by methods that cause or fail to prevent harm to a child, which may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, or suffocating them (Department for Education, 2015). Fabricating the symptoms of an illness or deliberately inducing illness in a child can also be defined as physical abuse. Emotional abuse may occur when a child is told that they are worthless, or unlovable, or when they are silenced, prevented from expressing their views, or ‘made fun’ of to the extent that it has severe and persistent adverse effects on their development (Department for Education, 2015). Finally, sexual abuse occurs when a child is forced or manipulated into engaging in sexual acts, regardless of whether they are aware or unaware of the intention (Department for Education, 2015). These acts may involve physical contact (sexual assault by penetration, or non-penetrative assault) or non-contact activities (grooming over the internet, exposure to pornography, encouraging inappropriate sexual behaviour).

Neglect is defined as the persistent failure to meet a child’s physical or psychological needs, which may result in the serious impairment of a child’s health or development (HM Government, 2010). Neglected children may be deprived of food, clothing, or shelter, and may be vulnerable to physical and emotional harm (HM Government, 2010). In addition, they

may not experience adequate supervision and may be unable to access medical care (HM Government, 2010). According to the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5), traumatisation occurs in situations where an individual is exposed to actual or threatened death, serious injury, or sexual violence (American Psychiatric Association, 2013). Trauma can occur by directly experiencing a traumatic event, by witnessing a traumatic event, or by being told the details of a traumatic event (American Psychiatric Association, 2013).

The current review

The direction of the present systematic literature review was established following a broad scoping search of the literature, in 2018. This was achieved using databases, such as the Cochrane Library and the Campbell Library, as well as online searches (i.e., Google Scholar). This process highlighted two existing, and relevant, literature reviews. The first one was conducted by Way (2002) who focused on maltreatment histories in sexually offending adolescents. She found that individuals within this population experienced high levels of neglect and abuse during childhood. The second review which was carried out by Friedrich (1993), explored a similar research field, and ultimately, made links between sexual victimisation and sexual behaviour in children. Although these literature reviews did appear to overlap with the purpose of the present review, it is noted that neither of these reviews adopted a systematic approach and both had been conducted over ten years ago. These observations supported the need for conducting an up-to-date review, detailing recent research into this field. Another relevant review was identified when the present systematic literature review was updated in 2020. The review, by Dillard and Beaujolais (2019), appeared to focus on a similar research area to the present review. This review explored trauma histories in adolescents who engage in sexually abusive behaviour. However, the authors stated that the

review had been a scoping review, as opposed to a comprehensive systematic review, and given that the focus was on adolescents (excluding children), there still appeared to be a need for the present review.

Overall, the exploration of the literature revealed that there had been a growing interest in the etiology of HSB, particularly in more recent years. Publications that investigate HSB in children and adolescents, emphasise the significance of experiences such as trauma, abuse, and neglect in the development of these behaviours (Hackett, 2016; Tougas et al., 2016). Furthermore, many young people who present with HSB report having dysfunctional family lives (Righthand & Welch, 2001). It appears that their experiences reflect those of adult sexual offenders, who are often raised in families where abusive and neglectful parenting is common practice (Barbaree et al., 1998).

In line with the rationale outlined above, the present systematic literature review aimed to explore the etiology of HSB, by focusing on early experiences of adversity in the life histories of children and adolescents. It was anticipated that this would build on existing research, given that previous reviews did not adopt a systematic methodology. As such, it was thought that findings drawn from this review could have valuable research (i.e., building on theory) and practice (i.e., supporting individuals who present with HSB) implications. An exploratory research question was formulated for the present review: ‘what does the literature say regarding the potential associations between Adverse Childhood Experiences (ACE) and HSB in children and adolescents?’ A broad research question was preferred because it was anticipated that the review would capture qualitative and observational studies; these studies would likely elicit descriptive results, rather than objective, numerical findings that are associated with more experimental designs. Researchers have praised the integration of both qualitative and quantitative studies, within literature reviews, arguing that diverse study

designs give greater insight into a research topic (Harden, 2010). Therefore, it was hoped that a mixed methods design would enhance the efficacy of the present review. Given the qualitative nature of the research question, there were no specific objectives for this review; rather, the present review aimed to contribute to the research area and inform practice.

Method

Scoping search

As previously noted, the scoping search was conducted in 2018 to establish the extent of the literature exploring adversity in relation to HSB. This search was repeated in 2020, when the review was being updated. Searches of the Campbell Library and the Cochrane Library did not elicit any relevant reviews. However, online searches (utilising Google Scholar) did identify three relevant reviews, namely Way (2002), Friedrich (1993) and Dillard and Beaujolais (2019). Due to the aforementioned reasons (date of the existing reviews, non-systematic methodology), a systematic literature review of recent research (2000-2020) was deemed necessary, and thus, the present review was undertaken.

PEO framework

Systematic literature reviews pertaining to risk factors or etiology may be best understood within the context of the PEO (Population, Exposure, Outcome) framework (Munn et al., 2018). Given that this review aimed to explore early experiences of adversity (exposure) in relation to the development of HSB (outcome), it appeared that this framework was a suitable fit for this review. Unlike the PICO (Population, Intervention, Comparison, Outcome) framework, the PEO framework does not require researchers to consider interventions – this was appropriate considering many of the papers identified during this process did not adopt an experimental design. Based on this rationale, a PEO framework was

adopted, which informed the creation of the research question – which was open and exploratory (‘what does the literature say regarding the potential associations between Adverse Childhood Experiences (ACE) and HSB in children and adolescents?’). The PEO framework also guided the development of the inclusion and exclusion criteria, which was used to identify suitable (and unsuitable) publications for the review (see Table 1).

Population

The population identified in the research question was ‘children and adolescents’; therefore, it was important that all publications included in the analysis focused on participants who were 17 or younger. This threshold was chosen because it is consistent with English law, whereby an individual is considered an adult when they are 18 years old. Studies examining populations of adult sexual offenders were to be excluded from the study, unless the participants were under 18 when they committed their sexual offence. There was no minimum age for the samples included in the review, as there did not appear to be an appropriate cut-off point.

Exposure

In the case of this review, the exposure referred to adversity. Therefore, the participants in each of the publications included, needed to be assessed for adverse life experiences. Adverse experiences may consist of experiences of neglect, physical, emotional, sexual abuse and trauma (including vicarious trauma). Other types of adversity recorded in publications would be measured against the definitions to determine whether the concept was relevant. Measures of adversity would need to be limited to early experiences (childhood or adolescence) and, therefore, any publications exploring adulthood experiences of adversity would be exempt from the review. Due to the limited results following the initial search for

publications which investigated all measures of adversity (i.e., abuse, neglect, trauma), the exposure measure was broadened to accept publications examining any one of these forms of adversity.

Outcome

The outcome within this review related to Harmful Sexual Behaviour (HSB). This term is used throughout the review for the purpose of clarity and consistency, even if it is not the preferred term of the original authors. Behaviours described within publications would need to be consistent with the definition, referring to developmentally inappropriate, or harmful (towards the self or others) sexual behaviours (Hackett, 2014). This definition could, but would not necessarily need to, include sexual offences. The publications would also need to consider the frequency or the severity of the behaviour. Group comparisons (i.e., between individuals who do, or do not, engage in HSB) would be included if judged to be appropriate. Participants or cases described within publications could include males and/or females, in order to maximise the scope of the review. Papers which referred to appropriate sexual behaviours (i.e., age-appropriate, prosocial behaviours) would be immediately excluded from the review, unless the study used this demographic as a control group. Additionally, atypical sexual preferences (i.e., paraphilias and fetishes) and risky sexual behaviours (i.e., unprotected intercourse, promiscuity) would not be included in the review. Publications detailing other types of offending behaviour would also be excluded, unless they also examined sexual offending or HSB.

Table 1*Inclusion and exclusion criterion*

Inclusion Criteria	Exclusion Criteria
Publications which are available in the English Language only	Publications examining adult populations (18+) (including adult populations with learning disabilities)
Publications dated within the time frame: January 2000 – January 2020	Publications exploring appropriate sexual behaviours (consensual interactions, age-appropriate interactions)
Publications that concern child and adolescent populations (0-17)	Publications exploring risky sexual behaviours (i.e., unprotected sex, promiscuity)
Publications referring to problematic, harmful or offence-related sexual behaviours	Publications that examine challenging non-sexual behaviours (general offending, violence)
Publications exploring childhood adversity (abuse, neglect, trauma, maltreatment)	Publications examining child adversity alone (focus is on victims)
	Secondary studies (editorials, books, book chapters, reviews, meta-analyses)

Sources of literature

For the purpose of the present systematic literature review, five databases were utilised. The databases were selected based on how relevant they were deemed to be, in relation to the research topic. These databases have been detailed below:

- Web of Science
- EMBASE

- OVID MEDLINE
- PsycINFO
- Social Policy and Practice

All searches conducted using these databases were facilitated in January 2020. Whilst searching these databases, the searches were limited to publications between the years 2000 to 2020. This time range was selected because two previous literature reviews, which appeared relevant to the current research topic, had been conducted in the early 1990s and 2000s (Friedrich, 1993; Hay, 2002). As such, these reviews were thought to be less accurate with respect to the past twenty years. The publications in the present review were limited based on language; whereby searches were restricted to only include papers that had been published in English (the reviewer's native language).

Search terms

Whilst conducting the systematic literature review relevant search terms and their synonyms were identified to capture the scope of the research. Key search terms were included to assist in the search process, however the input, phrasing and use of these terms varied depending on the database utilised. All of the terms used in the search have been detailed below:

1. Child* OR adolescen* OR teen* OR juvenile* OR girl* OR boy* OR minor* OR young* OR school-age*
2. Harmful sexual behaviour* OR harmful sexual behaviour* OR sexually harmful behaviour* OR sexually harmful behaviour* OR sex* aggress* OR sexually abusive OR sexually coerc* OR sexual perpetr* OR sex* offen*

3. Abus* OR child* abus* OR sex* abus* OR physical* abus* OR emotion* abus* OR psych* abus* OR victimis* OR maltreat* OR neglect* OR advers* OR trauma*
4. 1 AND 2 AND 3.

Quality assessments

In total, 13 publications satisfied the inclusion criteria. Consequently, these publications were quality assessed. In order to do this, the research design of each paper needed to be determined. Each publication was obtained, and the abstract and methodology sections were examined. The process of identifying an appropriate appraisal checklist was somewhat problematic, due to the apparent variation with respect to the studies' designs. Furthermore, some of the authors were vague or unclear, meaning that they did not explicitly state their study design (particularly amongst the observational studies). This meant that judgement was required, on the assessor's part, in order to identify an appropriate checklist for the publication. Of the final studies in the systematic literature review, one was found to be qualitative, another was found to have a mixed methods design (qualitative and quantitative) and the remaining 12 studies were found to be observational (i.e., cross-sectional, cohort). The papers that were ambiguous in relation to the design of the study, were penalised in the quality assessment phase due to this.

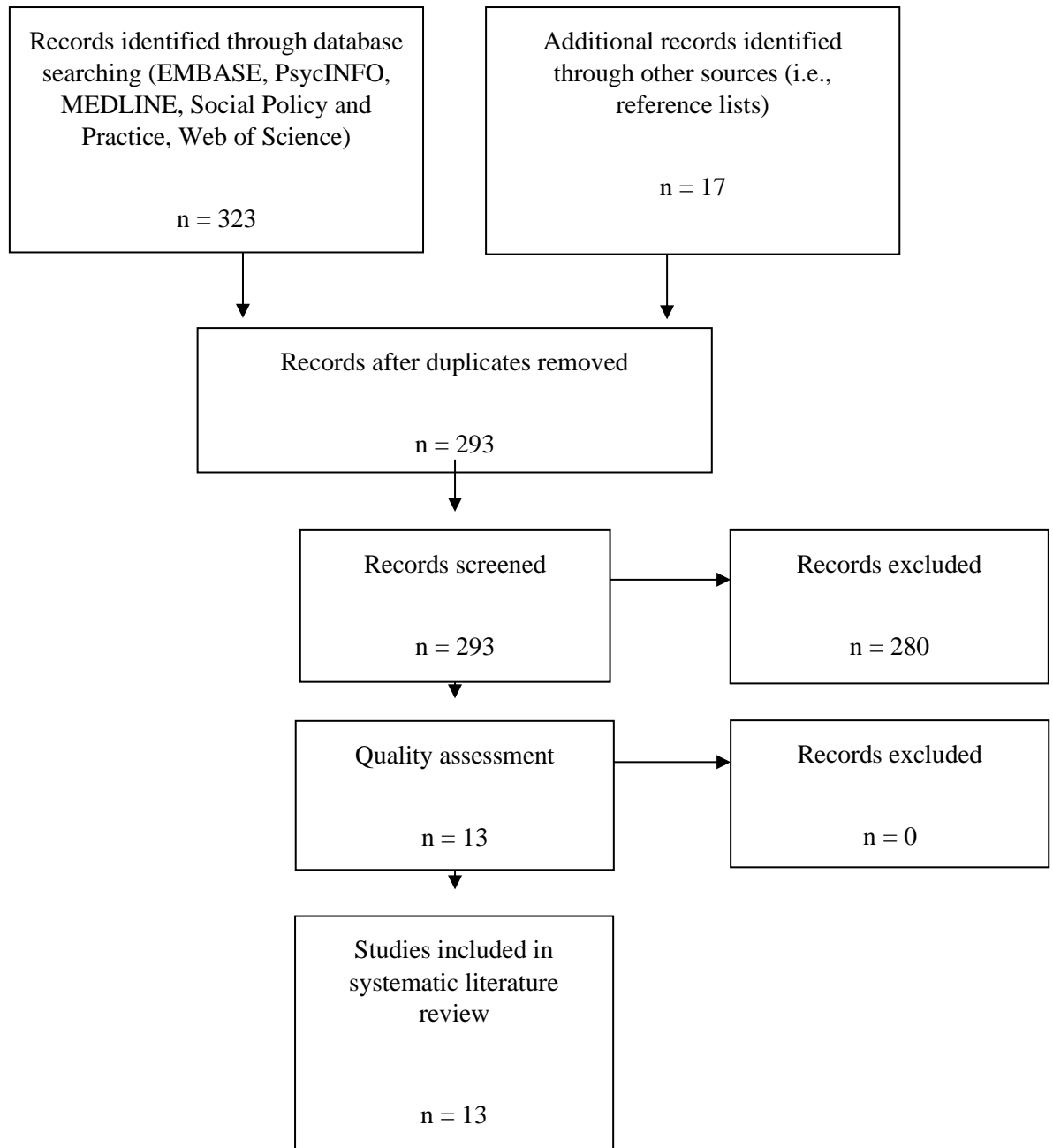
To assess the quality of the qualitative publication, the Critical Appraisal Skills Programme for Qualitative Research (CASP, 2018) was used. The checklist consists of 10 questions in total (see Appendix D). These questions are categorised into three sections, A B and C, which require information regarding the validity of the methodology, the results and the application of the results (i.e., how valuable the results are). The quality of the mixed methods paper was assessed through the implementation of the Mixed Methods Appraisal Tool (MMAT (Hong et al., 2018), which is intended for systematic literature reviews which

examine multiple study designs. However, for the purpose of the present review, only the 'mixed methods' study criterion was used, because other tools were identified for the qualitative and observational studies (see Appendix E). The MMAT mixed methods tool consists of five questions in total; however, the fifth question also requires the assessor to refer to the qualitative and quantitative checklists. The fifth question is broad and, therefore, broken down into five sub-questions for each design (qualitative, quantitative). Overall, there are 14 questions on this checklist, which gather information about the methodology (i.e., integration of qualitative and quantitative) and the results. Eleven of the studies adopted an observational design. These publications were assessed using the STROBE Statement checklist (von Elm et al., 2008), which is specifically designed to review observational studies (i.e., case control, cross-sectional, cohort) (see Appendix F). The checklist includes design specific questions, which means that not all questions are applicable to all publications. Thus, total scores on the STROBE Statement checklist may vary. Furthermore, some of the original items from the checklist were removed, due to the fact that these were not applicable to the studies included in this review.

All studies that underwent quality assessment, were converted into percentages following scoring. This allowed the assessor to compare the studies in terms of quality. Overall, quality appeared to vary between 71.43% to 100%. The quality assessment process did not identify any studies that were considered to be of unsatisfactory quality and, therefore, all 13 publications were included in the subsequent review.

Figure 1

PRISMA flow diagram depicting the procedure of the systematic literature review



Note. Adapted from “Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement”, by D. Moher, A. Liberati, J. Tetzlaff, and D. G. Altman. The PRISMA Group (2009). *PLoS Med* 6(7).

Data extraction

Relevant information from the 13 publications was extracted using the data extraction form detailed in Appendix G. The data extraction form was designed, created and completed by one researcher. Both quantitative and qualitative publications were assessed using the same form, which consisted of sections including publication details, method, analysis, results, and quality score.

Descriptive data synthesis

Following the quality assessment and data extraction, the publications were synthesised to identify shared aims, factors and findings across the publications. The details of the 13 publications have been outlined in Table 2 (see below). As previously mentioned, the systematic literature review included publications that were both quantitative and qualitative. This was deemed beneficial, given that mixed methods literature reviews often provide a more comprehensive understanding of a research area (Harden, 2010). However, it is also noted that drawing comparisons between qualitative and quantitative research is challenging, due to the differing data output and interpretation. Because of this, a narrative data synthesis was favoured in this systematic literature review. In accordance with the PEO framework, all publications investigated child and/or adolescent participants, who were under the age of 18 when the onset of HSB commenced. However, definitions of adversity appeared variable across the publications. Some publications examined well defined constructs of adversity such as sexual, physical, emotional abuse and neglect, whereas other studies explored additional factors which appeared to be consistent with the broad definition of adversity but were not obvious examples of adversity (i.e., out-of-home placements). Sexual abuse appeared to be the most prevalent factor explored by researchers, when compared to

other adversities. As a result, the findings of publications investigating the impact of other adversities (physical abuse, emotional abuse, neglect or trauma) were more limited.

Table 2*Data extraction table*

Author (Date)	Title	Aims	Design	Population	Results	Conclusions	Evaluation	Quality
Aebi, Landolt, Mueller Pfeiffer, Schnyder , Maier and Mohler Kuo (2015)	Testing the "sexually abused-abuser hypothesis" in adolescents: a population- based study.	To test the sexually abused abuser hypothes is in a sample of adolesce nts.	Quanti tative Cross- section al study	6,628 participants: 3,434 males 3,194 females Nationality: 74.4% were Swiss nationals Age: 14/15 years old	Univariate analyses were carried out. In male participants, sexual abuse, exposure to physical violence, maltreatment, emotional and conduct problems, hyperactivity, violence, and substance use were associated with sexual coercion. In female participants, sexual abuse, emotional problems, hyperactivity, maltreatment, violence, and substance use were associated with sexual coercion. In males, sexual abuse perpetrated by a stranger was a risk factor for sexual coercion. In females, being a victim of multiple sexual abuse as well	Victims of child sexual abuse were more likely to report coercive sexual behaviours against another person.	Strengths: <ul style="list-style-type: none"> • Large sample size • Males and females Weaknesses: <ul style="list-style-type: none"> • Cross sectional • Survey data • Very specific age range (may not be generalizable to all children/adolescents) 	95.45%

					as being a victim of oral, vaginal, or anal penetration were predictors of sexual coercion.			
Cale and Lussier (2017)	Sexual behaviour in preschool children in the context of intra-parental violence and sexual coercion	To examine the impact of intimate partner violence on early childhood sexual development.	Quantitative Cohort study	311 participants: 139 males 172 females Groups: clinical, at risk (community) and community comparison Ethnicity: Caucasian, Asian, Southeast Asian and Aboriginal ethnicities Age: 3-5 years old	Bivariate and regression analyses. Exposure to physical violence was not related to sexually intrusive behaviour in young children. Children exposed to sexual coercion were more likely to engage in intrusive sexual behaviours (OR) = 2.33, 95% confidence interval (CI) = 1.11–4.88, $p < 0.05$).	Sexual coercion between parents appears to be associated with intrusive sexual behaviours among children as young as 3 years old.	Strengths: <ul style="list-style-type: none"> Large sample size Male and female sample Diverse range of ethnicities Weaknesses: <ul style="list-style-type: none"> Only examined 3-5-year olds (generalisability) Assessed retrospectively relying on recall 	95.45%
Davis and Knight (2019)	The Relation of Childhood Abuse Experiences to Problematic Sexual Behaviors in Male Youths Who Have Sexually Offended.	To test the link between childhood abuse and problematic sexual thoughts/behaviours in a group of male juveniles who had	Quantitative Cohort study	307 participants (males) Ethnicity: Caucasian = 57.9% African American = 17.8% Hispanic = 6.7% Asian = 4.4% Native American = 3.4% Other = 9.8%	Regression analyses were conducted. Normophilic excessive sexualisation was significantly positively correlated with sexual abuse ($r[306] = .235$, $p < .001$), male and female caregiver psychological abuse ($r[182] = .235$, $p = .001$, $r[247] = .130$, $p = .04$). Paraphilic deviance was significantly positively correlated with sexual abuse	Male caregiver psychological abuse accounts for a significant amount of variance in relation to hypersexuality, amongst juveniles who had sexually offended. It is also significant in relation to deviant sexual behaviour and fantasies. Sexual abuse is also associated with hypersexuality.	Strengths: <ul style="list-style-type: none"> Large sample size Diverse range of ethnicities Weaknesses: <ul style="list-style-type: none"> Retrospective data Absence of data (male caregiver) Only males 	90.48%

		sexually offended.		Age: 11-22 (index offence committed prior to 18)	(r[306] = .120, p = .04) and male caregiver psychological abuse (r[182] = .274, p < .001). Pedophilic preference was significantly positively correlated with male and female caregiver psychological abuse (r[182]= .198, p = .007, r[248] = .151, p = .02).			
Dennison and Leclerc (2011)	Developmental Factors in Adolescent Child Sexual Offenders: A Comparison of Nonrepeat and Repeat Sexual Offenders	To examine the extent to which risk factors for delinquency and juvenile offending are reflective of adolescent sexual offenders and repeat adolescent sexual	Quantitative Cohort study	111 participants (males) Groups: Repeat and non-repeat sexual offenders Age: 12-17	Pearson's and chi-square analyses. Repeat sexual offenders experienced sexual abuse more than non-repeat sexual offenders in childhood. Repeat SOs were found to exhibit inappropriate sexual behaviours more often than non-repeat sexual offenders. However, repeat SOs who had been sexually abused did not report more inappropriate sexual behaviours, inadequate parenting, or parental behavioural problems. Inappropriate sexual behaviours were most prevalent amongst repeat SOs who had not experienced childhood sexual abuse.	Repeat sexual offenders differed from non-repeat sexual offenders in terms of their developmental characteristics and experiences.	Strengths: <ul style="list-style-type: none">Participant groups consisted of similar age distributionsLarge sample size Weaknesses: <ul style="list-style-type: none">No non-offending sample for comparisonRetrospective dataAge and 'nonrepeat' categorisationOnly males	86.96%

offending

Non-repeat SOs who had experienced sexual abuse, had the highest prevalence in terms of inadequate parenting and parental behavioural problems.

Victims of sexual abuse were most likely to be repeat SOs only when there was no indication of inadequate parenting or inappropriate sexual behaviours.

Hall, Stinson and Moser (2017)	Impact of Childhood Adversity and Out-of-Home Placement for Male Adolescents Who Have Engaged in Sexually Abusive Behavior.	To contribute to the understanding of youth with sexual behaviour problems by investigating the prevalence and relationship between cumulative	Quantitative Cohort study	120 participants (males) Ethnicity: Caucasian, African American, Mixed Race Unspecified ethnicity Age: 11-17	Descriptive statistics: <ul style="list-style-type: none">97% of participants had experienced at least one adverse childhood experience.93% had resided out of the home.93% had a history of aggression.100% sexually abusive behaviour. Higher ACE scores were associated with high risk of onset of sexually abusive behaviours, regardless of the number of out-of-home placements.	Adolescents who have engaged in sexually abusive behaviour experienced higher rates of adversity than other populations.	Strengths: <ul style="list-style-type: none">Large sample sizeExamining a range of agesEthnically diverse sample Weaknesses: <ul style="list-style-type: none">Type of data analysed- archived. Secondary data- may not be accurateOnly males	90%
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childhood
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behaviour
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youths.

Hawkes (2011)	Description of a UK study of onset of sexually harmful behaviour before the age of ten years in boys referred to a specialist assessment and treatment service.	To examine the onset of sexually harmful behaviour in boys.	Qualitative/ quantitative Mixed methods study	32 participants (males): 27 research 5 case studies Ethnicity: Caucasian (81%), African Caribbean (11.1%), and other ethnicities (7.9%) Age: 6-21 (behaviour before 10)	Descriptive statistics and interpretive phenomenological analysis. The boys had experienced a range of adversities including caregivers' unresolved trauma, hostile-helpless caregiving, trauma, neglect, maltreatment, insecure attachment, punitive-coercive and compulsive compliant caregiving attachment strategies, and sexual abuse.	Perpetrators of harmful sexual behaviour have previously experienced childhood adversities.	Strengths: <ul style="list-style-type: none"> Qualitative design-interpretative phenomenological analysis Weaknesses: <ul style="list-style-type: none"> Male only sample Small sample Only based on case files Weaknesses associated with qualitative design 	78.57%
Hickey, McCrory, Farmer and Vizard (2008)	Comparing the developmental and behavioral characteristics of female and male juveniles who present with sexually	To contribute to the current literature. To explore other	Quantitative Cohort study	276 participants: 254 males 22 females Ethnicity: Mostly Caucasian Age: Mean females = 13.4	Chi-square, Mann-Whitney U and regression analyses. Female participants were significantly more likely to have experienced sexual abuse ($\chi^2(1)=6.78, p=0.009$). Females were more likely to have been raised in families	Females that presented with sexually abusive behaviour were more likely to be sexually victimized (at an earlier age, and by a more diverse and increased number of abusers).	Strengths: <ul style="list-style-type: none"> Data analysis method accounted for small female sample Male and female sample 	90.48%

	abusive behaviour.	factors that may be relevant to the relationship between child sexual abuse and sexually abusive behaviour. To identify the characteristics that predict gender membership.		Mean males = 14.1 Onset of SAB = 4-12	with inadequate sexual boundaries ($\chi^2(1)=10.60$, $p=0.001$). Females were more likely to have been exposed to adult sexual activity/inappropriate sexual material. Female abusers were more likely to have had multiple sexual abusers in childhood. For male participants the odds of abusing a victim at least five years younger than the perpetrator was 3.5 times higher than it was for females ($\chi^2(1)=7.77$, $p=0.005$).	Females were more likely to experience environments that have inappropriate sexual boundaries. They also started to perpetrate sexually abusive behaviour at a younger age.	Weaknesses: <ul style="list-style-type: none"> • Bias in female sample • File data 	
Lightfoot and Evans (2000)	Risk factors for a New Zealand sample of sexually abusive children and adolescents.	To understand the variables contributing to the occurrence of sexual offending	Quantitative Cohort study	40 participants: 20 in each group 24 males 16 females Group: sexually abusive, control – conduct disorder	Descriptive and chi square analyses. Sexually-abusive group experienced more disruption – i.e., lack of a stable caregiving relationship (due to mothers' experience of postnatal depression, being in violent relationships at the time of the child's birth,	Disrupted attachment, in conjunction with family experiences of inappropriate sexual expression, place children and adolescents at risk for sexual offending.	Strengths: <ul style="list-style-type: none"> • Matched sample design • Males and females Weaknesses: <ul style="list-style-type: none"> • Relatively small sample 	71.43%

		g in children and adolescents.		Ethnicity: 14 New Zealand 6 Maori Age: 7-16	which resulted in their children being sent away to grandparents or placed in temporary foster-care). Sexually-abusive group more likely to have been exposed to adult figures who were either known to be paedophiles or were suspected of having engaged in sexual abuse of children.		<ul style="list-style-type: none"> Comparison group had emotional/behavioural difficulties 	
McMackin, Leisen, Cusack, LaFratta, and Litwin (2002)	The relationship of trauma exposure to sex offending behavior among male juvenile offenders.	To examine the relationship between previous trauma exposure and the sexual offenders' offence cycle.	Quantitative Cohort study	8 clinicians: 4 males 4 females 40 juvenile male participants Ethnicity: 57.5% White 17.5% Hispanic 15% African American 2.5% Asian 7.5% Bi-racial Age: 12-17	Descriptive statistics. <ul style="list-style-type: none"> Trauma exposure was reported for 95%. 47.5% were exposed to physical and sexual abuse. 27.5% experienced physical abuse, sexual abuse and other violent victimization 77.5% experienced exposure from 3 or more trauma categories Experiencing or witnessing physical abuse was identified as the most 	Clinicians identified prior trauma exposure as being related to the offense triggers in the majority of the juvenile sexual offenders.	Strengths: <ul style="list-style-type: none"> Interview – detailed data collection Weaknesses: <ul style="list-style-type: none"> Data based on clinician's self-report Only males 	76.19%

					<p>significant traumatic event for 50%</p> <ul style="list-style-type: none"> • Clinicians linked trauma to offense cycles in 85% of the cases (i.e., helplessness) 			
Merrick, Litrownik, Everson and Cox (2008)	Beyond sexual abuse: the impact of other maltreatment experiences on sexualized behaviors.	To broaden research findings linking maltreatment to sexualized behaviors by examining whether maltreatment experiences other than sexual abuse predict such behaviors.	Quantitative Cohort study	<p>690 participants: 363 males 327 females</p> <p>Ethnicity: Caucasian, Black, Hispanic, Mixed Race, other</p> <p>Age: 8 years old</p>	<p>Physical abuse significantly increased the odds of both genders engaging in sexualized behaviours. Emotional abuse had a differential effect on participants depending on the timing and between males and females. Emotional abuse occurring early in females and late in males predicted increases in inappropriate sexual knowledge. Early emotional abuse and early neglect predicted less sexualized behaviour in males, whereas early emotional abuse in females was predictive of age inappropriate sexual knowledge. Overall, there were fewer significant predictors of sexualized behaviours for females. Furthermore, the pattern of predictors was different for males and females.</p>	<p>Early and late reports of physical abuse as well as late reports of emotional abuse increased the odds of males and females engaging in sexualized behaviours.</p> <p>Early emotional abuse was found to be associated with decreased odds of engaging in sexualized behaviours.</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • Large sample size • Males and females <p>Weaknesses:</p> <ul style="list-style-type: none"> • Care-giver bias • Social desirability in face-to-face interviews 	80.95%

Roe-Sepowitz and Krysik (2008)	Examining the sexual offenses of female juveniles: the relevance of childhood maltreatment.	To contribute to the descriptive literature on female juvenile sex offenders, their victims, and their crimes, as well as consider how child maltreatment is related to aspects of offending.	Quantitative Cohort study	118 participants (females) Ethnicity: Caucasian, African American, and other ethnicities Age: 7-17 years old	Descriptive and chi-square analyses. <ul style="list-style-type: none"> 27.1% chaotic home life with inconsistent caregivers. 26.3% had unstable living conditions 26.3% of girls had little or no contact with a parent 51.7% experienced limited and 22% experienced no supervision. One fifth of the sample abused substances. Many experienced serious schooling problems. Half had a mental health diagnosis. Maltreated girls were slightly (but not significantly) younger when they committed their sexual offense. <p>Unstable living situations were significantly higher for the maltreated females. Maltreated females were more likely to have witnessed domestic violence, report</p>	The study concluded that female juvenile sex offenders with a history of child maltreatment may be different to those without histories of maltreatment. <ul style="list-style-type: none"> More likely to have a mental health issues. Clinical levels of anger–irritability and depression–anxiety. Use greater force in sexual offences if sexually abused. Abuse siblings and relatives. 	Strengths: <ul style="list-style-type: none"> Large, diverse sample Weaknesses: <ul style="list-style-type: none"> Only females Different information sources by different people- may be interpretation biases Sample not randomised 	95.24%
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					family disorganisation, and have experienced problems at school. Mental health problems were found to be related to maltreatment also.			
Tarren-Sweeney (2008)	Predictors of problematic sexual behavior among children with complex maltreatment histories	To examine the influence of sexual behaviour problems in preadolescent children.	Quantitative Cohort study	347 participants: 176 males 171 females Age: 4-11 years old	There were gender differences, with female participants scoring more often than males on the sexual behaviour problems subscale items. Females had significantly higher mean Sexual Behaviour Problem (SBP) scores than males (1.6 as opposed to 0.9, $p = .01$). Factors strongly associated with sexual behaviour problems included: age of entry into care, length of time exposed to maltreatment, time in placement/care, care status and permanency, and confirmed exposure to contact sexual abuse.	There were gender differences between males and females. Female gender predicted sexual behaviour problems regardless of girls' higher exposure to sexual abuse. Other factors contribute to sexual behaviour problems, such as: Psychopathology, age of entry into care, female gender, unstable placement and contact sexual abuse.	Strengths: <ul style="list-style-type: none"> Large sample Both males and females Weaknesses: <ul style="list-style-type: none"> Did not control for other contributing factors (personality, quality of care) Retrospective data 	95.24%
Tidefors and Skillback (2014)	The picture of me: Narratives about childhood and early adolescence by boys who have sexually abused peers	To investigate how teenage boys who have offended against peers in a sexually abusive	Qualitative	13 participants (males) Age: 14-18 but under 18 when they committed their offences	Thematic analysis. Themes identified: my family, my home, living conditions and identity. The participants had experienced chaotic lifestyles characterised by a range of adverse experiences (neglect, abuse, lack of monitoring and care exposure.)	The participants' lives were filled with painful experiences and cumulative trauma.	Strengths: <ul style="list-style-type: none"> Two different researchers involved in process (inter-rater reliability) Weaknesses: <ul style="list-style-type: none"> Small participant sample Language barriers in some cases 	100%

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- Qualitative design may be subjective

Findings

Demographics

Overall, 9033 participants were involved in the 13 publications included in the systematic literature review. The sample of the review contained both male and female participants, consisting of 5013 male and 4020 female participants in total. Of the 13 publications, six exclusively studied male participants (Davis & Knight, 2019; Dennison & Leclerc, 2011; Hall et al., 2017; Hawkes, 2011; McMackin et al., 2002; Tidefors & Skillback, 2014) and a further six studied both sexes (Aebi et al., 2015; Cale & Lussier, 2017; Hickey et al., 2008; Lightfoot & Evans, 2000; Merrick et al., 2008; Tarren-Sweeney, 2008). There was only one study (Roe-Sepowitz & Krysik, 2008), that exclusively studied female participants.

Participant age varied between studies from three to 22 years old. However, all participants were under the age of 18 when they engaged in HSB, meaning that the age range was consistent with the inclusion criterion (three to 17 years old). This was the case in five of the studies (Davis & Knight, 2019; Hawkes, 2011; Hickey et al., 2008; Tidefors & Skillbäck, 2014). In the remaining eight studies, participants were all under 18 years of age when they engaged in HSB (Aebi et al., 2015; Cale & Lussier, 2017; Dennison & Leclerc, 2011; Hall et al., 2017; Lightfoot & Evans, 2000; McMackin et al., 2002; Merrick et al., 2008; Roe-Sepowitz & Krysik, 2008).

Accumulatively, the publications gathered data from a diverse range of countries. Five studies were based in the USA (Davis & Knight, 2019; Hall et al., 2017; McMackin et al., 2002; Merrick et al., 2008; Roe-Sepowitz & Krysik, 2008), two in the UK (Hawkes, 2008; Hickey et al., 2008), two in Canada (Cale & Lussier, 2017; Dennison & Leclerc, 2011) one in Switzerland (Aebi et al., 2015) one in Australia (Tarren-Sweeney, 2008), one in New Zealand

(Lightfoot & Evans, 2000) and one in Sweden (Tidefors & Skillbäck, 2014). In total, nine publications gathered their participants from treatment centres or correctional institutions (Davis & Knight, 2019; Dennison & Leclerc, 2011; Hall et al., 2017; Hawkes, 2011; Hickey et al., 2008; Lightfoot & Evans, 2000; McMackin et al., 2002; Roe-Sepowitz & Krysik, 2008; Tidefors & Skillback, 2014). The other publications gathered participants from schools or obtained data from existing longitudinal studies (Aebi et al., 2015; Cale & Lussier, 2017; Merrick et al., 2008; Tarren-Sweeney, 2008).

Methodology

Eleven of the publications adopted a quantitative methodology with each publication using different statistical tests to analyse the data depending on the research question and design (Aebi et al., 2015; Cale & Lussier, 2017; Davis & Knight, 2019; Dennison & Leclerc, 2011; Hall et al., 2017; Hickey et al., 2008; Lightfoot & Evans, 2000; McMackin et al., 2002; Merrick et al., 2008; Roe-Sepowitz & Krysik, 2008; Tarren-Sweeney, 2008). One of the publications, by Hawkes (2011), adopted a mixed methods design and the final study, by Tidefors and Skillback (2014), adopted a qualitative design. Six of the researchers conducting the quantitative studies administered psychometric assessments to their participants (Aebi et al., 2015; Cale & Lussier, 2017; Davis & Knight, 2019; Lightfoot & Evans, 2000; Merrick et al., 2008; Tarren-Sweeney, 2008). A further four of the quantitative studies (Cale & Lussier, 2017; Lightfoot & Evans, 2000; McMackin et al., 2002; Merrick et al., 2008), in addition to the mixed methods and qualitative studies (Hawkes, 2011; Tidefors & Skillback, 2014) used interviewing as a method of data collection. In five of the publications, researchers analysed archived file information (Dennison & Leclerc, 2011; Hall et al., 2017; Hickey et al., 2008; Lightfoot & Evans, 2000; Roe-Sepowitz & Krysik, 2008).

Of the 13 publications included in the review, seven drew comparisons between groups of participants (Aebi et al., 2015; Cale & Lussier, 2017; Dennison & Leclerc, 2011; Hickey et al., 2008; Lightfoot & Evans, 2000; Merrick et al., 2008; Tarren-Sweeney, 2008). Four of the studies compared male and female participants, in order to study sex differences in relation to HSB (Aebi et al., 2015; Hickey et al., 2008; Merrick et al., 2008; Tarren-Sweeney, 2008). Two of the publications compared groups of children and/or adolescents depending on whether they had, or had not, participated in HSB (Cale & Lussier, 2017; Lightfoot & Evans, 2000). Cale and Lussier (2017) studied three groups – a clinical sample, an ‘at risk’ community sample and a community comparison group. Lightfoot and Evans (2000) studied two groups – a ‘sexually abusive’ group and a control.

Terminology

All publications included in the systematic literature review considered children or adolescents who had engaged in HSB. However, the terms used by the researchers to describe the behaviours differed for each publication. In addition, the severity of the behaviour appeared to vary depending on the population studied.

Overall, four studies examined non-forensic populations engaging in HSB (Aebi et al., 2015; Cale & Lussier, 2017; Tarren-Sweeney, 2008; Merrick et al., 2008). Aebi et al (2015) used the term ‘sexual coercion’ which referred to behaviour involving a perpetrator forcing a victim to undress or perform a sexual act, or a perpetrator touching victim’s genitals against their will. Cale and Lussier (2017) used the phrase ‘sexually intrusive behaviour’ when referring to young children engaging in HSB. This phrase was originally proposed by Friedrich and colleagues (Friedrich et al., 2001) and refers to harmful behaviour, which may involve touching another person’s genitals, attempting to have intercourse, asking others to do

sexual acts, kissing unfamiliar others and trying to undress others against their will. This definition appeared to be consistent with HSB. Tarren-Sweeney (2008) measured 'sexual behaviour problems' through the implementation of two checklists, the Child Behaviour Checklist or the CBCL and the Assessment Checklist for Children or the ACC (Achenbach, 1991; Tarren-Sweeney, 2007). Both checklists measured a range of behavioural abnormalities, including abnormal sexual behaviours. These behaviours included: inappropriate behaviours; exhibitionism; inappropriate sexual comments; and sexual coercive acts. Merrick and colleagues (2008) used a modified version of the Child Sexual Behaviour Inventory-II or CSBI-II to measure 'sexualised behaviour' (Friedrich et al., 1992). However, the study focused on specific domains of sexual behaviour including: boundary problems; difficulties maintaining or accepting interpersonal space and distance; exhibitionism; sexual interests; sexual intrusiveness; and sexual knowledge.

Nine of the 13 publications in the review studied participants who were convicted of sexual offences, or who were receiving treatment for HSB (Davis & Knight, 2019; Dennison & Leclerc, 2011; Hall et al., 2017; Hickey et al., 2008; Lightfoot & Evans, 2000; McMackin et al., 2002; Roe-Sepowitz & Krysik, 2008; Tidefors & Skillback, 2014). The sexual offences were defined according to the law of the country that the offence had been perpetrated in (the USA, UK, Australia, New Zealand, Sweden, Switzerland, Canada), however, appeared to be consistent with the definition of HSB.

Exposition of key themes

Sexual abuse

Of the 13 studies included in the systematic literature review, 12 publications explored the sexual abuse histories of individuals engaging in HSB (Aebi et al., 2015; Cale & Lussier, 2017; Davis & Knight, 2019; Dennison & Leclerc, 2011; Hall et al., 2017; Hawkes, 2011;

Hickey et al., 2008; Lightfoot & Evans, 2000; McMackin et al., 2002; Roe-Sepowitz & Krysik, 2008; Tarren-Sweeney, 2008; Tidefors & Skillback, 2014). Although most of the studies examined direct victimisation, three of these studies investigated the behaviour of children who have been exposed to sexual coercion (Cale & Lussier, 2017; Hickey et al., 2008; Tidefors & Skillback, 2014). Overall, the consensus across the twelve publications was that sexual abuse, or exposure to sexual coercion, was associated with HSB. This appeared to be the case across age groups, with one study by Cale and Lussier (2017) examining children as young as three, and at least four further studies investigating adolescents up to 17 years of age (Dennison & Leclerc, 2011; Hall et al., 2017; McMackin et al., 2002; Roe-Sepowitz & Krysik, 2008).

Prevalence

Of the children and adolescents who had engaged in HSB, the prevalence of child sexual abuse varied from each publication to the next. However, most of the studies highlighted very high rates of sexual victimisation amongst participants (i.e., Aebi et al., 2015; Davis & Knight, 2019; Dennison & Leclerc, 2011; Hall et al., 2017; Hawkes, 2011; Hickey et al., 2008; McMackin et al., 2002). Notably, all participants ($n = 32$) in Hawke's (2011) study had experienced sexual abuse during childhood. The majority of the remaining studies placed estimates above 50%. For example, over half of the participants in Hall and colleague's (2017) study (58%), and McMackin and colleague's (2002) study (56%), had experienced sexual abuse. Dennison and Leclerc's (2011) study provided a higher estimate, indicating that 63.3% of the sample had been sexually victimised. With respect to sex differences, Hickey and colleagues (2008) found that females were more likely to have experienced sexual abuse (63.3%) than males (50%) – although prevalence was high for both genders. Within a female sample of adolescent offenders, Hickey and colleagues (2008) found

that sexual victimisation was experienced by a higher proportion of the sexual offending group (63.3%), than the non-sexual offending group (54.5%) – although, again, it did appear that both groups experienced high rates of sexual abuse overall. Amongst the adolescents in Aebi and colleagues' (2015) study, 42.4% of the males and 85% of the females had experienced sexual abuse.

Other studies included in the review, identified lower estimates of sexual abuse within this population (i.e., Lightfoot & Evans, 2000; Roe-Sepowitz & Krysik, 2008). Of the adolescent females in Roe-Sepowitz and Krysik's (2008) study, 26.3% of the sample had experienced sexual abuse. This appears to contradict the higher estimates amongst females which has been highlighted above. As with many of the studies in the review, data from this study were collected through archived records. This may limit the accuracy of the calculated estimate because information is either indirectly reported (i.e., not self-reported), or absent (i.e., information may be missing). However, low rates were also identified by Lightfoot and Evans (2000). They did not find any significant differences between the 'sexually-abusive' and control group, with respect to sexual abuse (15% prevalence for both). However, suspected sexual abuse was found to be significantly higher in the 'sexually abusive' group (80% compared with 35%). This is particularly interesting, given the matched design of the study, and the fact that those in the control group had been referred for their (non-sexual) behavioural problems. If these suspected estimates are accurate, it would suggest that there may be an association between sexual victimisation and HSB; this is whilst controlling for other factors, which may be present for young people with non-sexual behaviour problems. It is also noted that amongst those who had been sexually abused, all of the individuals in the control group received counselling in the six months following their abuse. In contrast, none of the individuals who later engaged in HSB received counselling. Although estimates appear

to vary, cumulatively, these publications suggest that sexual victimisation is high amongst males and females who later engage in HSB.

Abuse characteristics

Eight studies highlighted the significance of contact sexual abuse in the development of HSB (Aebi et al., 2015; Davis & Knight, 2019; Hawkes, 2011; Hickey et al., 2008; Lightfoot & Evans, 2000; McMackin et al., 2002; Tarren-Sweeney, 2008; Tidefors & Skillback, 2014). Overall, male and female adolescents who had experienced contact sexual abuse were significantly more likely to report engaging in coercive sexual behaviour (Aebi et al., 2015; Hawkes, 2011; Hickey et al., 2008; Tarren-Sweeney, 2008; Tidefors & Skillback, 2014).

In a sample of female adolescents, Aebi and colleagues (2015) found that those who had been repeatedly victimised or experienced oral, vaginal, or anal penetration, were more likely to engage in sexual coercion. Similarly, Davis and Knight (2019) noted that 39.4% of their male sample had experienced sexual abuse by penetration, and 32.1% had experienced sexual abuse by force. These participants had later gone on to commit sexual offences. Hawkes (2011) identified similar estimates, indicating that 33.3% of the male participants in his study had experienced penetration. He also found that in 26% of the cases, the perpetrator had placed their penis in the participant's mouth. A further 19% had been touched inappropriately, and another 19% had experienced force. In a gender comparison study, Hickey and colleagues (2008) found that 28.6% of the female adolescent sexual offenders had experienced molestation, with the vast majority of these (71.4%) having experienced penetration. In comparison, a similar number of the male adolescent sexual offenders had experienced molestation (22.2%), a higher proportion had experienced oral genital contact

(14.3%), and significantly fewer males had experienced penetration (22.2%). Tidefors and Skillback's (2014) study described accounts of sexual abuse, and in one case, referred to the act of penetration. Across these publications, contact sexual abuse appeared to feature in the life histories of children and adolescents engaging in HSB.

However, variation was noted between some of the studies. For instance, some studies differed on whether non-contact sexual abuse was a predictor of HSB (Aebi et al., 2015; Tarren-Sweeney, 2008). Aebi and colleagues (2015) found that male adolescents, who had experienced non-contact sexual abuse, were significantly more likely to engage in coercive sexual behaviour in later life. Following a logistic regression, they found that contact and non-contact sexual abuse were significant predictors of sexual coercion in females. However, Tarren-Sweeney (2008) found that, although non-contact sexual abuse and HSB did appear to be related, the association was non-significant. Due to the disparity between the few studies examining non-contact sexual abuse, it is unclear whether this is a risk factor in relation to HSB.

Two of the studies in the review also explored the characteristics of the sexual abuser (Aebi et al., 2015; Hawkes, 2011). Male adolescents who had been sexually abused by a stranger were found to be more likely to engage in sexual coercion (Aebi et al., 2015). The participants in Hawkes' (2011) study had been abused by adults as well as older children (26 male and 21 female perpetrators). In total, 47 individuals had perpetrated the sexual abuse towards the 27 participants. One mother was known to have sexually abused her son, and a further nine mothers were suspected of sexual abuse. This means that 37% of the sample may have been abused by a primary caregiver.

Abuse timing

Three studies highlighted the significance of timing in the development of HSB (Hawkes, 2011; Roe-Sepowitz & Krysik, 2008; Tarren-Sweeney, 2008). Hawkes (2011) found that for 37% of the participants in the study, HSB occurred within six weeks of victimisation. For the remaining 55.6% of the participants, HSB occurred more than three months following victimisation. For 7.4% of the participants, however, the onset of HSB occurred prior to sexual abuse taking place. This finding is somewhat surprising, given that most studies highlight an association between sexual abuse and HSB. It is possible that, for a small proportion of young people, their HSB was not associated with their sexual victimisation. However, it is also possible that this finding is inaccurate; it may be that these individuals did experience sexual abuse prior to the onset of their HSB, but that it was not reported. Overall, these results suggest that HSB is associated with sexual victimisation in most cases. However, the authors did not hypothesise about the possible mechanisms underlying this observation.

Roe-Sepowitz and Krysik (2008) found that for adolescent females who had been sexually abused, the age of onset was significantly associated with the level of coercion during their offences. They also found that participants who were younger when they had experienced sexual abuse, demonstrated higher levels of coercion in their sexual offences. Tarren-Sweeney (2008) found that, for participants with a history of contact sexual abuse, there was a moderate correlation between their Sexual Behaviour Problem (SBP) score and the age when their last known abuse occurred. Conversely, there was a moderate inverse correlation between SBP scores and the time that had elapsed since the sexual abuse; young people who had experienced contact sexual abuse more recently had higher SBP scores. According to these studies, females who were younger when they were first abused engaged

in more coercive sexual behaviour in later life (Roe-Sepowitz & Krysik, 2008). Whereas males who experienced sexual abuse more recently presented with increased problems in relation to HSB (Tarren-Sweeney, 2008). It is possible that this difference supports the hypothesis that sexual abuse affects males and females differently. However, it is also possible that early experience of sexual abuse is associated with higher-level coercion, whereas recent experience of sexual abuse is associated with multiple sexual behaviour problems, across both genders.

Nature of Harmful Sexual Behaviour

Three studies in the review considered the relationship between child sexual abuse and HSB (Dennison & Leclerc, 2011; Hawkes, 2011). Dennison and Leclerc (2011) found that repeat sexual offenders experienced significantly higher rates of sexual abuse during childhood, when compared to non-repeat sexual offenders (non-repeat: 15.2%, repeat: 48.1%). This finding indicates that higher rates of sexual victimisation is associated with frequent and persistent sexual offending. Although they did not assess behaviour directly, Davis and Knight (2019) did consider sexual preferences within a group of individuals who had committed sexual offences (which were likely related to their offending). They found that sexual abuse was significantly and positively correlated with normophilic excessive sexualisation. However, they did not find significance for other harmful sexual preferences, such as paraphilic deviance or paedophilic preference. These findings indicate that sexual abuse is likely to be related to the development of intense and recurrent sexual urges. It is possible that these sexual preferences also mediate offending behaviour. Given the findings of Dennison and Leclerc (2011), it is possible that repeat sexual offending could be underpinned by such a mechanism. However, further research is required to support this hypothesis.

Hawkes (2011) found evidence of emulation of the sexual abuse suffered in childhood and perpetrated sexual abuse later in life. Out of 27 participants, 9 participants had experienced penile penetration of the anus as a child, and a further 12 participants had perpetrated penetrative sex in later life. A further 7 participants had experienced sexual abuse where the perpetrator's penis was placed in their mouth. In total 13 participants engaged in this type of behaviour themselves. Out of the 8 boys who had touched the anus or genitals of their victim, 5 had been touched inappropriately by their sexual abuse perpetrator. There were five cases where force was used by the perpetrator while sexually abusing the participants. A total of 16 participants were reported to have used force during their perpetration. Hawkes (2011) hypothesised that the higher levels of force used by the participants to sexually abuse may be evidence of the flight or fight response, likely an adaptation to high levels of maltreatment, hostile-fearful parenting and disorganisation of attachment. It is possible that there is some degree of imitation involved in perpetrating HSB. However, according to the research in this review, characteristics of sexual victimisation are not always directly replicated in subsequent HSB.

Exposure

Four studies in the systematic literature review explored exposure to sexual acts or coercion, in relation to HSB (Cale & Lussier, 2017; Hickey et al., 2008; McMackin et al., 2002; Tidefors & Skillback, 2014). Cale and Lussier (2017) found that children, who were exposed to sexual coercion between their parents, were more than twice as likely to engage in sexually intrusive behaviours, than those who had not been exposed to sexual coercion. Sexual coercion was associated with higher Child Sexual Behaviour Inventory (CSBI) scores and was found to be the most important covariate of a child's level of sexual behaviour. It was concluded that exposure to sexual coercion was uniquely associated with intrusive sexual

behaviours in young children. The authors attributed this finding to ‘modelling’, where a child observes and emulates behaviours that they see their role models engaging in. As the participants in the study were particularly young (3-5 years of age), it is possible that older children would not engage in this learning process so conspicuously.

In their gender comparison study, Hickey and colleagues (2008) found that females were 4.8 times more likely than males to have been exposed to adult sexual activity and inappropriate sexual material. Though statistical significance was not found, the families of these females appeared to have higher rates of intergenerational sexual abuse, in comparison to the males’ families. Given the context of intergenerational abuse (i.e., occurring between relatives, within the home), it is likely that some of the females in the study witnessed the sexual abuse of their relatives. Qualitative observations were made in Tidefors and Skillback (2014) study, where one of the participants had recollections of his father molesting his sister and his cousin. Similarly, reports made by clinicians in McMackin and colleagues (2002) study, indicated that 13% of the sample had witnessed the sexual abuse of a family member. Accumulatively, these studies indicate that children and adolescents who are exposed to sexual abuse may engage in HSB in later life.

Physical abuse

In total, 11 publications considered the impact of physical abuse, and exposure to violence, in regard to the development of HSB (Aebi et al., 2015; Cale & Lussier, 2017; Davis & Knight, 2019; Hall et al., 2017; Hawkes, 2011; Hickey et al., 2008; Lightfoot & Evans, 2000; McMackin et al., 2002; Merrick et al., 2008; Roe-Sepowitz & Krysik, 2008; Tidefors & Skillback, 2014; Tarren-Sweeney, 2008). However, prevalence rates varied across the publications and authors did not consistently test for, or achieve, statistical significance.

Direct victimisation

Nine of the publications explored the relationship between early physical abuse and the development of HSB (Davis & Knight, 2019; Hall et al., 2017; Hawkes, 2011; Hickey et al., 2008; Lightfoot & Evans, 2000; McMackin et al., 2002; Merrick et al., 2008; Roe-Sepowitz & Krysik, 2008; Tidefors & Skillback, 2014; Tarren-Sweeney, 2008). Prevalence of physical abuse ranged from 13.6% amongst female adolescents (Roe-Sepowitz & Krysik, 2008) to 80% amongst male adolescents (McMackin et al., 2002). Despite the differing methodologies, Hawkes (2011) identified similar rates of physical abuse to that identified by McMackin and colleagues (2002), within his male sample (77.8%). In relation to age of initial onset, both studies found that physical abuse started at a young age (Hawkes, 2011; mean age - 3.1, Mackin et al., 2002; mean age - 4.6). Regarding severe physical abuse, Davis and Knight (2019) found that between a quarter and a third of their male participants reported experiencing severe levels of physical abuse. Severe abuse was conceptualised by a higher number of perpetrators, an increased frequency of abuse incidents, or by the level of harm.

Research included in the review, differed concerning which gender was more likely to have experienced physical abuse. Hall and colleagues (2017) found that the male sexual abusers in their study were more likely to have experienced physical abuse than other populations, such as adult males in the community, adult sexual offenders and justice-involved adolescents. In total, 54% of the adolescent sexual abusers had experienced physical abuse. When comparing genders, Hickey and colleagues (2008) found that physical abuse was reported more commonly amongst the female adolescent sexual offenders (63.6%) when compared to the males (40%). This observation is interesting, given that Roe-Sepowitz and Krysik (2008) found very low rates of physical abuse amongst their female participants. However, it is important to note the potential limitations of the study, which may have

impacted upon the validity of the findings. The findings of Roe-Sepowitz and Krysik (2008) study were based on data from the 'Traumatic Experiences' psychometric subscale. Administering questionnaires as a way of collecting data is highly impersonal and consequently, may be subject to social desirability. As experiences of physical abuse are likely to be traumatic, it is possible that participants omitted information about their experiences when they completed the questionnaire.

Hickey and colleagues (2008) also found that the female sexual offenders in their study had experienced higher levels of physical abuse (63.6%) than the non-sexual offenders (36.4%). As these differences were only descriptive it is unclear whether these groups differed statistically. However, similar rates have been identified in other studies. Within a mixed gender sample, Lightfoot and Evans (2000) found that 60% of their sample had experienced physical abuse, when compared with the clinical sample, of individuals with emotional and behavioural difficulties (35%). However, these differences did not reach statistical significance. The findings of these studies suggest that physical victimisation is not uniquely associated HSB.

Merrick and colleagues (2008) found that participants who had experienced physical abuse between the age of 4 and 8 years, were significantly more likely to engage in sexually intrusive behaviour (males) and display boundary problems (females), than those who had not experienced physical abuse between those ages. Furthermore, they found that the act of displaying private parts was significantly predicted by early and late physical abuse (in males). Overall, experiences of physical abuse significantly increased the odds of both genders engaging in sexualised behaviours. The researchers proposed that individuals who have experienced physical abuse may be highly anxious. Their sexualised behaviour may act as a self-soothing strategy designed to reduce their anxiety. These behaviours may create a

sense of intimacy and closeness even in the presence of violence and hostility. However, Tarren-Sweeney (2008) found variables that were previously thought to be associated with sexual behaviour problems, including physical abuse, were not, thus challenging the findings of Merrick and colleagues (2008). This discrepancy may be attributed to the fact that Merrick and colleagues (2008) measured specific characteristics of sexual behaviour whereas, Tarren-Sweeney (2008) examined overall sexual behaviour problem scores using two checklists. It may be the case that physical abuse predicts specific types of sexual behaviour, rather than sexual behaviour problems more generally.

A qualitative publication exploring participants' experiences of physical abuse (Tidefors & Skillback, 2014) found that many of the male participants had been raised by abusive fathers. Some of these accounts appeared to be consistent with physical abuse. One participant, Henrik, spoke about being beaten by his father, adding that on one occasion he was hit on the back which left him bruised. Dahar described his father as being 'firm', 'harsh', and 'egoistic', and explained that he also experienced beatings at the hands of his father. Of the small participant sample (n=13), only a minority of participants spoke about physical abuse. Although, it is possible that the participants underreported their experiences of physical abuse. However, this is unlikely given that participants appeared to disclose information about other types of abuse and maltreatment openly with the interviewer. The findings of the study cast doubt on the hypothesis that physical abuse contributes to the development of HSB.

Exposure

In total, eight publications investigated the relationship between exposure to physical abuse and HSB (Aebi et al., 2015; Cale & Lussier, 2017; Hall et al., 2017; Hawkes, 2011; Lightfoot & Evans, 2000; McMackin et al., 2002; Tarren-Sweeney, 2008; Tidefors & Skillback, 2014). Hawkes (2011) discovered that, on average, the participants in his study had

first been exposed to violence when they were approximately 3.7 years of age. Similarly, McMackin and colleagues (2002) identified the mean age of exposure, within their study, to be 3.3 years. These studies support the notion that exposure to physical abuse within this population often occurs early in life.

Aebi and colleagues (2015) found that 65.8% of males in their study had been exposed to physical violence, compared with 58.2% of female participants. Although rates for both groups appear to be high, this was particularly evident for the males. Analyses revealed that past exposure to physical violence was positively associated with sexual coercion in male participants. McMackin and colleagues (2002) identified similar rates amongst male participants, finding that 62% had witnessed physical abuse within the family. Given the differing designs of the studies, this consistency appears to have merit. When comparing two groups based on their exposure to intimate partner violence perpetrated towards their mothers, Hall and colleague's (2017) found that justice-involved adolescents were more likely to have witnessed violence in the home. Out of the adolescent sexual abusers, 57% had been exposed to domestic violence against their mothers, compared with 81% in the justice-involved adolescents. The fact that over half of the sexually abusive adolescents had witnessed domestic violence suggests that exposure to violence may be related to the development of sexually abusive behaviour. However, given the findings that justice-involved adolescents were the most likely group to have been exposed to violence, it is more probable that there is a relationship between exposure to violence and general offending and antisocial behaviour.

One qualitative publication considered the impact of violence exposure. One participant in Tidefors and Skillback's (2014) study, Rikard, spoke about witnessing domestic violence between his parents, stating that they fought, 'hit and spanked each other', which made him feel 'sad'. However, no other participants in the sample spoke about their

experience of domestic violence, which implies that exposure to violence was not strongly associated with sexually abusive behaviour for the participants in the study.

However, three publications failed to find an association between exposure to violence and sexually abusive behaviour (Cale & Lussier, 2017; Lightfoot & Evans, 2000; Tarren-Sweeney, 2008). Through implementation of the Child Behaviour Inventory, Cale and Lussier (2017) were able to compare the scores of children who had been exposed to physical violence between their parents, and those who had not. They found no difference between exposure to violence and Child Behaviour Inventory scores. Furthermore, they found no difference in the prevalence of sexually intrusive behaviours in families where physical violence was documented. These findings suggest that there is no significant relationship between violence exposure and intrusive sexual behaviour in young children. This observation is corroborated by Tarren-Sweeney (2008) who found that witnessing parental violence as a child was not a significant factor in the development of sexually harmful behaviour. Furthermore, in their group comparison study, Lightfoot and Evans (2000) were unable to generate significant results concerning exposure to physical abuse. Although they did find that a higher proportion (53%) of the clinical comparison group had witnessed violence, when compared with the sexually abusive group (26%).

Overall, the findings of these studies appear to be inconsistent. It is possible that some individuals who have witnessed physical abuse, are more likely to engage HSB. However, the role of physical abuse – direct or indirect victimisation – does not appear to be as significant as the role of sexual abuse, in the development of these types of behaviour. It is probable that physical abuse and exposure to violence, is associated with antisocial and offending behaviour more generally, but may not be specific to HSB.

Emotional abuse

A total of eight publications explored emotional abuse as a distinct variable, in relation to HSB (Cale & Lussier, 2017; Davis & Knight, 2019; Hall et al., 2017; Hawkes, 2011; Hickey et al., 2008; Lightfoot & Evans, 2000; Merrick et al., 2008; Tarren-Sweeney, 2008). Although these publications recognised that many of the children and young people exhibiting these types of behaviour have experienced emotional abuse, the relationship between the two variables did not appear to be a strong one.

In Hawkes' (2011) study, 85.2% of the boys had experienced emotional abuse during childhood. On average, the onset of the emotional abuse occurred at 2.2 years of age. Hall and colleagues (2017) identified lower rates (45%) within their sample of adolescent males, however, rates were comparably higher than adult males in the community (8%) and justice-involved adolescents (31%). Hickey and colleagues (2008) measured emotional abuse according to actual or suspected rejection, emotional neglect or abandonment. Female participants and their families had experienced higher rates of emotional abuse. In total, 90.9% of the females had experienced emotional abuse compared with 72% of the males. However, these observations were not statistically significant. Similarly, Lightfoot and Evans (2000) found that, although a higher proportion of their sexually abusive group had experienced emotional/verbal abuse (60%), this was not significant when compared to the clinical group (42%). As with the other studies, Cale and Lussier (2017) did not find any significant differences between children who had been exposed to psychological abuse by their parents and those who had not. Tarren-Sweeney (2008) subdivided emotional abuse into four categories: verbal threats of physical violence; scapegoating; emotional rejection; and exposure to domestic violence. Overall, 61.9% of the male participants and 62% of the female participants had experienced emotional abuse. However, as emotional abuse was not

measured independent of other maltreatment experiences, the relationship between emotional abuse and HSB was unclear.

Davis and Knight (2019) examined emotional abuse amongst their participants, in relation to significant male or female caregivers. By their definition, emotional abuse was characterised by hostile or controlling parenting. They found that the majority of their participants had experienced moderate to severe emotional abuse (male caregiver: 71.5%, female caregiver: 66.9%). Interestingly, analyses revealed that male or female caregiver emotional abuse was significantly associated with child molester cognitive distortions. Female caregiver emotional abuse was also correlated with child pornography. The authors hypothesised that the experience of psychological abuse may be linked to a preference for younger victims, amongst individuals who engage in HSB. They stated that this theory appears to be true for adult child molesters. However, it is likely that further research with adolescent populations will need to be carried out before their hypothesis can be verified.

The findings of Merrick and colleague's (2008) study were mixed. They found that late emotional abuse reports increased the odds for inappropriate sexual knowledge in males. However, amongst female participants, those who had experienced early emotional abuse were more likely to demonstrate inappropriate sexual knowledge. Furthermore, early emotional abuse was associated with decreased sexualised behaviours in males. The authors proposed that the experience of early emotional abuse may inhibit sexualised behaviour in young people. They argued that inhibitions could stem from fears of criticism, or discipline, from the caregiver. This study appears to provide contradictory evidence regarding early experiences of emotional abuse, being linked to HSB.

It appears that none of the studies, included in the present systematic literature review, found significant relationships between emotional victimisation and the development of HSB. In fact, one study even suggested that the experience of emotional abuse was linked to decreased sexualised behaviour (Merrick et al., 2008). Although the present review has been unable to identify a link between emotional abuse and HSB in general, it appears that studies measuring individual aspects of HSB (i.e., child molester cognitive distortions), were able to generate some interesting findings (Davis & Knight, 2019).

Neglect

Seven publications explored the relationship between neglect and HSB (Davis & Knight, 2019; Dennison & Leclerc 2011; Hawkes, 2011; Hickey et al., 2008; Merrick et al., 2008; Roe-Sepowitz & Krysik, 2008; Tarren-Sweeney, 2008). The prevalence of neglect varied from 11.9% amongst female adolescents (Roe-Sepowitz & Krysik, 2008) and 81.8% amongst male participants (Tarren-Sweeney, 2008).

However, there did appear to be a lot of variation with respect to rates of neglect, between studies. Hickey and colleagues (2008), measured actual or suspected neglect and found that neglect was reported more frequently in female participants (77.3%), than it was in male participants (57.5%). However, both genders experienced relatively high levels of neglect overall, which was corroborated by Tarren-Sweeney (2008). Tarren-Sweeney (2008) assessed for incidents of: abandonment/refuse custody; inadequate supervision; neglect of basic physical needs; medical neglect; and inadequate nurturance. In total, 81.8% of males and 73.1% of females had experienced some form of neglect. More specifically, male participants had experienced higher levels of abandonment/refuse custody (20.4%) when compared to female participants (12.9%). Both genders had experienced low levels of supervision during childhood (males 42.6%, females 42.7%), as well as having their basic

physical needs neglected (48.9% males; 49.7% females). Males and females experienced similar levels of medical neglect; rates of which were found to be relatively low (10.2% and 10.5% respectively), in comparison to the other forms of neglect. Finally, male participants had experienced inadequate nurturance (34.7%) more frequently when compared to the female sample (26.3%).

Within a sample of female adolescent sexual offenders, Roe-Sepowitz and Krysik (2008) found that over half of the participants had received limited supervision as children (51.7%). This finding corroborated the findings of Tarren-Sweeney who identified similar rates of low supervision amongst females. Some of the females in Roe-Sepowitz and Krysik's (2008) study had received no supervision at all (22%).

In a sample of adolescent males, who had committed sexual offences, Davis and Knight (2019) found that 34% of the female caregivers and 61% of the male caregivers, had been neglectful towards the participants. These experiences were consistent with moderate to severe neglect. However, they did not report any significant findings with respect to neglect, in relation to the development of HSB. Furthermore, Dennison and Leclerc (2011) found that inadequate parenting, which was characterised by low vigilance, limited supervision or protection, and parental attitudes supporting criminality, was associated with non-repeat sexual offending in a group of male adolescents. However, the effect size was noted to be very small. Hawkes (2011) found that 77.8% of the male participants in his study had experienced neglect. On average, the neglect first occurred when the participants were 3.9 years old. He observed that many of the participants' mothers had abused drugs regularly, which may have limited their verbal and emotional communication with their child. A further qualitative analysis of the participant's childhood revealed that many of the participants in the study were left to care for themselves and their younger siblings early in life. Hawkes

concluded that the participants had not received the guidance that they needed from their caregivers as children, which meant that their sexual developmental needs were not met, reinforcing patterns of maladaptive sexual behaviours.

However, one publication, by Merrick and colleagues (2008) found experiences of neglect to be negatively correlated with sexually intrusive behaviour. Amongst boys, they found that early experiences of neglect were not strongly associated with behaviours such as displaying private parts and sexually intrusive behaviours. In fact, experiencing early neglect decreased the odds of engaging in sexually intrusive behaviour. However, this observation may have lacked validity; it is possible that actual levels of neglect were underreported and that the caregivers involved in this study were subject to social desirability (i.e., not wanting to portray themselves or their children in a negative light). It is also possible that neglectful caregivers were unaware of their failures as parents and unintentionally underreported incidents of neglect.

Overall, it appeared that the publications in the review provided mixed evidence regarding the relationship between early experiences of neglect and HSB. Although some children and adolescents with these behavioural difficulties do appear to have histories of neglect, it does not appear to be a significant factor in relation to the development of HSB.

Other adversities

Six of the studies considered the impact of additional adversities on the development of HSB (Hall et al., 2017; Lightfoot & Evans, 2000; McMackin et al., 2002; Roe-Sepowitz, & Krysik, 2008; Tarren-Sweeney, 2008; Tidefors & Skillback, 2014). Given that these adversities were not explored so extensively across the publications included in the review, it is possible that they are less significant than other types of adversity (i.e., sexual, physical

abuse), with respect to HSB. Nonetheless, the other factors, which have been explored by researchers, have been summarised below.

Four publications considered the impact of family disruption on the development of HSB (Hall et al., 2017; Lightfoot & Evans, 2000; Roe-Sepowitz & Krysik, 2008; Tidefors & Skillback, 2014). Hall and colleagues (2017) found that 93% of their participants had been in an out-of-home placement during their childhood. Reasons for the out-of-home-placements included: childhood behavioural problems, abuse, neglect, or caregiver incarceration. When combined, adverse childhood experiences and out-of-home placements, increased the risk of sexually abusive behaviour. This suggests that multiple adversities may contribute to the development of HSB. For participants who had experienced lower rates of adversity, however, the number of out-of-home placements was found to be directly associated with the risk of onset of sexually abusive behaviour. This finding supported the hypothesis that, out-of-home placements alone, may increase the risk of a young person engaging in HSB. It is important to note that young people who are the subject of out-of-home placements, may have experienced adversity. Child protection concerns would justify the removal of the child, or adolescent, from their home and allow them to be placed in a more appropriate environment (i.e., other family members, foster care, local authority care). As such, it is possible that this factor was an indirect measure of the other forms of adversity (i.e., sexual/physical/emotional abuse, neglect).

Tarren-Sweeney (2008) also explored the relationship between out-of-home placements and HSB. They found that the time that elapsed between the onset of adversity and first entry into care was associated with SBP scores. Tarren-Sweeney hypothesised that older children were more likely to have experienced high levels of adversity before they were taken into care, which may have resulted in higher SBP scores. A proportion of the

participants in Roe-Sepowitz and Krysik's (2008) study had also experienced inconsistent care as children. In total, 27.1% of the females in the study had been cared for by multiple caregivers, who maintained inconsistent contact with them. A further 26.3% of the females had lived in unstable living conditions and 26.3% of the participants stated that they had had minimal or no contact with a parent. Although a noteworthy proportion of their sample had experienced inconsistent care, this did not appear to be the case for the vast majority of participants. This suggests that inconsistent care alone, cannot account for all cases of HSB.

In Lightfoot and Evans' (2000) study, they found that the sexually abusive group was characterised by the lack of a stable caregiving relationship, when compared to the clinical group. They identified factors such as mothers' experience of postnatal depression, or being in a violent relationship, which resulted in the child being moved away from their parents, as contributing to the lack of a stable caregiving relationship. The authors hypothesised about the possible rejection that the children may have experienced, as a consequence to these events. They also explored the role of parental mental illness but did not find higher rates within the sexually abusive sample (42%, compared to 68%). Cumulatively, the publications indicate that some individuals who engage in HSB have experienced out-of-home placements or inconsistent care in early life. However, as these findings are reliant on descriptive statistics, the causal relationship is unclear.

Tidefors and Skillback (2014) found that a young person's separation from their home or family was common amongst individuals engaging in HSB. They found that many of the participants that they interviewed had lived chaotic and disorganised lifestyles. Some of the participants had frequently been moved between countries and cities and had negative recollections of being a minority, living in socially deprived areas. Some participants spoke of separation from their families which was attributed to parental divorce, foster care or parental

imprisonment. The study also described participants' experiences of death. One participant, Farah, discussed the experience of witnessing his mother being shot and killed. This participant had been living in a war-torn country at the time of this event. A further two participants, Giri and Dahar, had also gone through the experience of losing their mother. It is possible that these negative experiences made the participants more vulnerable to engaging in HSB. However, as the study by Tidefors and Skillback (2014) adopted a qualitative design, the relationship between separation and HSB was not statistically explored.

Similarly, to Tidefors and Skillback (2014), McMackin and colleagues (2002) also considered participants' experiences of natural disaster or serious accident (6%), however, the reported rates amongst participants appeared to be low. In addition, the researchers also explored the participant's exposure to a sudden or violent death (31%). The authors did not conduct any statistical analyses on these variables, aside from calculating descriptive statistics, therefore it is likely that these factors will benefit from further exploration.

Although children and adolescents, who have engaged in HSB, often appear to have experienced trauma and adversity, it does not appear that any of the factors described above are significantly relevant to their behavioural development. It is possible that these factors may be interlinked with other forms of adversity (i.e., abuse, neglect); this would make it difficult to disentangle individual factors with respect to their relationship with HSB, due to the mediating effect of other types of adversity.

Discussion

Key findings

The purpose of the present systematic literature review was to examine the existing research in order to explore adversity with respect to children and adolescents who engage in HSB. The objectives were to explore the relationship between adversity and HSB, consider

the mechanisms underlying the relationship, and enhance understanding of relationships between adversity and HSB. In total, the review examined 11 quantitative publications (Aebi et al., 2015; Davis & Knight, 2019; Cale & Lussier, 2017; Dennison & Leclerc, 2011; Hall et al., 2017; Hickey et al., 2008; Lightfoot & Evans, 2000; McMackin et al., 2002; Merrick et al., 2008; Roe-Sepowitz & Krysik, 2008; Tarren-Sweeney, 2008), one mixed methods publication (Hawkes, 2011) and one qualitative publication (Tidefors & Skillback, 2014).

Almost all of the studies in the review (with the exception of Merrick et al., 2008), investigated the impact of sexual abuse in relation to HSB (Aebi et al., 2015; Cale & Lussier, 2017; Davis & Knight, 2019; Dennison & Leclerc, 2011; Hall et al., 2017; Hawkes, 2011; Hickey et al., 2008; Lightfoot & Evans, 2000; McMackin et al., 2002; Roe-Sepowitz & Krysik, 2008; Tarren-Sweeney, 2008; Tidefors & Skillback, 2014). These studies considered how factors, such as, contact sexual abuse, age of victimisation, poly-victimisation and exposure to sexual abuse, increases the likelihood that a child or adolescent may engage in HSB.

Overall, sexual victimisation did appear to feature in the lives of many young people, who later went on to engage in HSB. The prevalence rates were noted to be high within this population, for both male and female subjects. The experience of contact sexual abuse appeared to be linked to the level of coercion used by the individual in the perpetration of harmful sexual acts. However, the relationship between non-contact sexual abuse and HSB appeared to be less clear. This was also true for exposure to sexual coercion (indirect victimisation). As such, these factors will benefit from further exploration within the literature. Accumulatively, the studies did provide preliminary evidence of emulation (of own victimisation) and imitation (of others' victimisation), with respect to HSB. Although some

authors did attempt to hypothesise about the mechanisms underpinning harmful sexual acts (i.e., learning theory, cognitive distortions etc), there was not a clear consensus regarding this.

The publications were not restricted to sexual victimisation alone, however. Some studies included in the review considered how other adverse experiences such as physical and emotional abuse, neglect, and family disruption may influence a young person's behaviour. Though these factors were not discussed in as much depth as sexual abuse, some observations could be made. Findings indicated that many children or adolescents, who had engaged in HSB, had experienced or witnessed physical abuse (Aebi et al., 2015; Cale & Lussier, 2017; Davis & Knight, 2019; Hall et al., 2017; Hawkes, 2011; Hickey et al., 2008; Lightfoot & Evans, 2000; McMackin et al., 2002; Merrick et al., 2008; Roe-Sepowitz & Krysik, 2008; Tidefors & Skillback, 2014; Tarren-Sweeney, 2008). However, there were discrepancies between the publications; some studies found contrasting results regarding participant gender or offence typology. Furthermore, some studies failed to find statistical significance, or merely provided descriptive statistics.

Similar observations were made regarding emotional abuse – with some publications identifying high rates of emotional victimisation amongst individuals engaging in HSB (i.e., Davis & Knight, 2019; Hall et al., 2017; Hawkes, 2011; Hickey et al., 2008; Lightfoot & Evans, 2000; Merrick et al., 2008). However, these studies did not find statistical significance, rather they relied on descriptive statistics. Therefore, the validity of the publications' findings may be compromised. Furthermore, some studies in the review found the relationship between emotional abuse and HSB to be non-significant (Cale & Lussier, 2017) or, in fact, identified a negative relationship (i.e., neglect being negatively associated with sexualised behaviour) (Merrick et al., 2008). There were further inconsistencies across the publications investigating neglect. Overall, children and adolescents engaging in HSB were found to have

experienced higher levels of neglect (Dennison & Leclerc, 2011; Hawkes, 2011; Hickey et al., 2008; Tarren-Sweeney, 2008). However, due to the statistical analyses of these publications being weak and the fact that one publication (Merrick et al., 2008) found the reverse effect, the findings of these studies should be interpreted with caution.

In total, six publications considered the impact of adversities consistent with family disruption (Hall et al., 2017; Lightfoot & Evans, 2000; McMackin et al., 2002; Roe-Sepowitz, & Krysik, 2008; Tarren-Sweeney, 2008; Tidefors & Skillback, 2014). Factors such as out-of-home placement, separation and loss did appear to be related to HSB. However, the relationships between these variables require further investigation, as the data analyses were limited to descriptive statistics.

Implications and suggestions for future research

The findings of the review may have implications for the theoretical understanding of HSB, as well as for clinical practice. Though adversity should not be perceived as the only pathway to sexually abusive behaviour, it does appear to play a key role in some cases (O'Brien, 2008). Interventions with young people engaging in abusive sexual behaviours should be informed by the evidence, which appears to suggest that early experiences of adversity may lead to antisocial behaviour and/or criminality in later life (Smallbone & Rayment-McHugh, 2013). This literature review appears to have shown that a disproportionate number of children and adolescents, who engage in HSB, have experienced adversities in early life. Although it remains unclear as to whether traumatic experiences are directly linked to incidents of HSB, it is likely that young people with these backgrounds will require specialist intervention. In cases where a young person's own experience of trauma is linked to their HSB, appropriate intervention may help to address their needs as a victim, as well as their risk.

The findings of the review also have implications for the prevention of HSB. Many young people who engage in HSB have experienced family dysfunction and maltreatment, as such, it is possible that the behaviour may be prevented by targeting high risk families, providing them with education and support (Allardyce et al., 2017). It may be that these families receive additional input from social services to address issues pertaining to childhood adversity, given that these issues may increase the risk of a young person engaging in HSB. Furthermore, it appears that professional intervention early on may prevent incidents of HSB from escalating or from becoming entrenched patterns of behaviour (HM Inspectorate of Probation et al., 2013). Given that this is the case, it is important that families and professional agencies respond to incidents of HSB promptly and effectively.

With respect to maltreatment, this review highlighted the impact of sexual victimisation on the development of HSB. One study identified extremely high rates of suspected sexual abuse within their sample, which suggests that victimisation may frequently go unnoticed and consequently, trauma may go untreated (i.e., Lightfoot & Evans, 2000). Furthermore, these authors found that individuals who later engaged in HSB, who had sexual victimisation histories, had not received counselling following their abuse (unlike the control group). Evidence such as this, may indicate that effective intervention may prevent individuals from re-enacting sexually abusive behaviours in later life.

Though the current review does provide some insight into how adversity may influence the development of HSB, further research would strengthen the evidence base. As many of the publications included in this systematic literature review relied heavily on descriptive statistics and correlational analyses, the causal relationship between these factors may require further investigation. It may be beneficial for future researchers to conduct more robust research – i.e., longitudinal designs, using causal analyses (e.g., logistic regression) –

to investigate the association between specific types of adversity, or potential risk factors, in the relation to the perpetration of HSB. Additional research into non-sexual adversities will also need to be conducted, given that the findings of this review appear to be inconsistent.

Finally, it is further recommended that future research explores protective factors. In other words, it may be beneficial for researchers to consider what factors may reduce the risk that a young person engages in HSB. These considerations may provide a more comprehensive exploration of the subject matter.

Strengths

The findings of the present systematic literature review were strengthened by a number of methodological factors. One strength of the methodology relates to the search terms that were used to gather the publications. Efforts were made to identify multiple synonyms for the different constructs included in the PEO framework, in order to conduct an extensive search of the existing literature. This was achieved through the use of a thesaurus, and by conducting in depth searches of the databases, identifying relevant key terms from the publications that were generated in the preliminary searches. Furthermore, to ensure that the search process was comprehensive, subject heading searches and free-text searches were conducted in conjunction, maximising the output of the search. The quality of the publications included in the review was deemed to be good (above 70%), which further strengthens conclusions that can be drawn from the findings of the publications.

The review also benefitted from having a large and diverse sample. The publications included in the review were conducted in a range of different countries, including the USA, the UK, Sweden, Canada, Australia, Switzerland and New Zealand. This reduces the likelihood that the findings of the review are ethnocentric. For similar reasons it was

important that participants were not limited to a specific ethnic origin. Researchers have argued that ethnicity should be considered when examining populations engaging in HSB (Mir & Okotie, 2002). Western approaches to understanding and managing this type of behaviour are not necessarily relevant to black or minority ethnic groups due to differences in the language, culture and spirituality of such groups. Moreover, much of the research in the West is limited to Caucasian populations. Therefore, it is important that research into HSB studies participants from a range of ethnicities, to ensure the findings are not specific to one ethnic group. In total, eight publications detailed their participants' ethnicities. Participants in these studies were described as Caucasian, Hispanic, African American, African-Caribbean, Asian, Southeast Asian, or of Aboriginal descent. The ethnicities of the participants in the remaining publications were not disclosed. It is possible that these authors believed that the ethnicity of their participants was to be of secondary importance when investigating their behaviour (Hackett, 2000). Nonetheless, if these publications had detailed their participants' ethnicities, it would have offered more insight into the generalisability of the present findings.

The sample of the review consisted of 5013 male and 4020 female participants, meaning there was a substantial participant sample for both genders. As a result, the findings of the review can be generalised to both populations – although gender differences have been noted where applicable. The review studied a range of participant ages (from 3 to 17), meaning that the findings can be attributed to young people within a broad age bracket. As the overall sample consisted of offender and non-offender populations, the findings can also be generalised to both.

Limitations

Despite its merits, the present systematic literature review was not without limitations. The strict conditions of the inclusion criteria restricted the breadth of the research, which, in

turn, may have limited the overall findings. A number of relevant studies were identified during the search, however, these publications were removed when they failed to satisfy the inclusion criteria, based on participant age range (see Appendix C). Some of these publications included participants who were 18 or older when they engaged in HSB. In most cases, it appeared that a minority of these samples were actually 18 – with most of the subjects being a lot younger. However, because the sample contained 18-year olds, these studies were immediately rejected from the review. It is possible that these studies produced valuable findings in relation to the research topic, however, it was thought that the inclusion of 18-year olds could bias the findings of the present review (which is specific to children and adolescents). Individuals who are 18, are by law, considered to be adults, therefore, exclusion was based on the fact that the behaviour being described may have been less characteristic of HSB and more consistent with sexual offending. Although some of the participants in the present review were older than 17 when they participated in the study, in these cases, the onset of the HSB had been consistent with the inclusion criterion (i.e., 17 or younger).

Another issue with the present review is that the nature of harmful sexual acts varied between studies. The authors of the publications appeared to conceptualise the behaviour in different ways. The terms adopted by researchers included: sexual behaviour problems, sexually harmful behaviours, sexual coercion, sexually intrusive behaviours, sexualised behaviours, sexually abusive behaviours, and sexual offending. Though the definitions of these behaviours were related, the severity of the participant's behaviours varied. For example, Tarren-Sweeney's (2008) definition of 'sexual behaviour problems' included the use of 'sexual comments' in accordance with the CBCL and ACC checklists. Although it is likely that participant scores related to a range of other sexual behaviours, it is possible that participants who had made sexual comments, or participated in non-contact sexual

behaviours, satisfied the criteria for HSB. These sorts of behaviours are markedly different to those described in other publications, where participants had engaged in more severe sexual behaviours involving high levels of coercion and contact sexual abuse. Although HSB is noted to be on a continuum, which captures a range of different behaviours, it is clear that these behavioural presentations are significantly different.

Additional limitations pertained to the methodology of the systematic literature review. Firstly, the limits applied to the searches may have weakened the validity of the review. The review was limited to papers published in the English language, between the years 2000-2018. Authors have highlighted the issues associated with linguistic-based publication exclusion. Gregoire and colleagues (1995) found that different results could be produced when publications were included or excluded based on the language of the publication. It is possible that the present review excluded pertinent pieces of research due to the restricted language criteria. However, this limit was imposed based on the reviewer's linguistic abilities, meaning that inclusion of publications published in other languages would have been impractical.

Additionally, it is important to note that the methodology of the publications used in the systematic literature review, may have also lacked validity. Some of the publications administered psychometric assessments to their participants to collect data for their study. Questionnaires are effective in gathering large quantities of data in a small amount of time. However, they can sometimes be reductionist, and subject to social desirability (Patten, 1998). Questionnaires limit the information that is gathered from participants, as only specific questions are asked and often response options are restricted. In addition, as questionnaires rely on self-report information, the data may be biased and unreliable due to the subject's desire for approval (Patten, 1998). Furthermore, some of the publications in the review used

archived, secondary data to investigate the relationship between adversity and HSB. Although this type of data collection is effective in producing rich, qualitative findings, it is commonly collected by people other than the main researcher. As a result, the quality of the data is often unclear, which challenges the validity of the dataset (Saunders et al., 2011).

Some of the publications gathered their data during interviews with their participants. Interviewing is a valuable qualitative method, which gathers in-depth information that would otherwise be unobtainable through typical methods of data collection, such as questionnaires and observations (Blaxter et al, 2006). However, data that is elicited from an interview is often collected from very small participant samples and is interpreted subjectively by the researcher (Brown, 2001). Despite these methodological concerns, the review did include studies with different methodologies, which may have strengthened the overall validity of the review. Despite the variety of study designs (i.e., quantitative, qualitative, mixed methods) and methodologies (i.e., interviews, psychometric testing etc) across the publications, some findings were found to be consistent (i.e., sexual abuse as a significant factor in relation to HSB). In these cases, it appears that the biases associated with specific designs may not have impacted on the findings.

Conclusion

The findings of the present review suggest that there is a relationship between adversity and HSB exhibited by children and/or adolescents. Broadly speaking, young people who have experienced adversity during their early life may be more vulnerable to engaging in HSB. More specifically, sexual victimisation appeared to be a significant factor in the development of sexually abusive behaviours. Factors such as contact sexual abuse, early onset of abuse, early exposure to abuse and poly-victimisation appeared to increase the likelihood that a child or adolescent would later engage in HSB. The level of coercion used in the

participants' sexually abusive acts appeared to be mediated by the extent of their own victimisation. Other adversities such as physical abuse, emotional abuse, neglect and family disruption appeared to play a smaller role in the development of HSB, but still appeared to be relevant in some cases. Overall, the findings of the studies included in the review indicate that it is possible that early adversities predispose some children or adolescents to engage in sexually abusive behaviour. The review has succeeded in providing a synthesis of the research exploring associations between a range of childhood adversities and HSB. It is suggested that further research is necessary to gain a more comprehensive understanding regarding the extent to which different types of adversity may lead to HSB, what factors may protect against the negative impact of adversity, and how interventions can help support young people who engage in HSB.

CHAPTER THREE

Critique

Critique of the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II)

Abstract

The aim of the present critique was to examine the psychometric properties of the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II), which is used to assess risk of sexual and non-sexual recidivism in young males with histories of sexually abusive behaviour. The critique sought to explore the validity and reliability of the measure to inform its use in practice. Overall, findings indicated that the measure had adequate levels of inter-rater reliability and internal consistency. Furthermore, the J-SOAP-II demonstrated good face validity and showed promise when compared to similar youth risk assessment measures (e.g. YLM/CMI, PCL-R: YV, SAVRY). However, the critique highlighted limitations with respect to the J-SOAP-II's ability to predict risk of sexual recidivism – which is noted to be the tool's primary purpose. This raised questions about how practitioners should interpret the assessment outcomes generated from the J-SOAP-II. Conclusions drawn from the critique, emphasised the need for caution when using the J-SOAP-II to make important decisions about a young person. These discussions highlighted the benefit of using risk assessment tools concurrently to achieve a more comprehensive and accurate insight into an individual's risk of recidivism.

Introduction

Aim

The present review aims to examine the psychometric properties of the J-SOAP-II (Prentky & Righthand, 2003). The rationale for critiquing this measure is that risk assessment tools are increasingly important for professionals who are working with young people. Furthermore, the J-SOAP-II is currently widely used in practice, particularly in (but not limited to) North America, where it was developed; as such it is essential to review the measure, with a view to informing professionals regarding its reliability and validity. To contextualise this critique, the review will provide an overview of the measure and discuss how the J-SOAP developed into the J-SOAP-II. The critique will then follow, where references will be made to the reliability and validity of the measure.

Background and overview

Risk assessment is fundamental to the work of professionals working with adult sexual offenders (Gotch & Hanson, 2016). The development of risk assessment tools to measure sexual recidivism was “born out of the need for well-reasoned decision-making”, relating to the management and treatment of sexual offenders (Thornton & D'Orazio, 2016, p. 668). Advances in risk assessment for this population have been underpinned by the growing evidence-base concerning sexual offending, consisting of studies from across the globe (Becker & Hunter, 1997). However, there has been a clear absence of research regarding abusive sexual behaviour perpetrated by young people (Grimshaw, 2008; Staiger, 2005; Veneziano et al., 2000).

In recent years, there has been some recognition that children and adolescents can engage in abusive sexual acts (Hackett et al., 2016). Previously, youth sexual behaviour has

been perceived as an embodiment of experimental or developmental curiosity (Veneziano & Veneziano, 2002). It is possible that this perception has served to undermine incidents of abusive sexual behaviour (Staiger, 2005). However, there is now more acknowledgement that young people who sexually abuse others can inflict significant harm to their victims (Prentky et al., 2000). There has also been a growing body of research that identifies young people as perpetrators in a large proportion of child sexual abuse cases, thus highlighting the full extent of the problem (i.e., Erooga & Masson, 2006; Hackett, 2004; Radford et al., 2011; Vizard et al., 2007). These advances have led to the development of formal recidivism risk assessment tools, specifically designed for use with young people (Prescott, 2006).

Assessments of risk, concerning young people, demand a high degree of responsibility on the assessor's part (Prentky & Righthand, 2003). Risk assessment outcomes often inform decisions relating to a young person's placement, level of supervision, treatment and, in some cases, the criminal proceedings that they are subject to (Prescott, 2006). Decisions made, based on risk assessment outcomes, have a "profound impact" on the young person being assessed, in addition to wider society (Prentky & Righthand, 2003, p. 1). For example, evaluations that determine a young person to be a 'high risk' of sexual recidivism, may serve to protect future victims from harm. However, false positive evaluations of risk may result in life-changing consequences for the individual concerned.

There are currently three key risk assessment tools that have been designed for adolescent populations (Daniel et al., 2013). The most widely and frequently used risk assessment tools, in regard to sexual recidivism, are the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II, Prentky & Righthand, 2003) and the Estimate of Risk of Adolescent Sexual Offence Recidivism 2.0 (ERASOR 2.0, Worling & Curwen, 2001) (Gotch & Hanson, 2016). The Juvenile Sexual Offense Recidivism Risk Assessment Tool-II is the only actuarial

risk assessment tool that can be used with young people who engage in sexually abusive acts (J-SORRAT-II, Epperson et al., 2006).

The Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II), will be the focus of the present review. It is a 28-item assessment which was developed by Prentky and Righthand. The measure was created in the mid-1990s, but the most recent edition was published as the 'J-SOAP-II' in 2003. At the time of its publication, the J-SOAP-II was one of two risk assessment tools developed for use with young males between the ages of 12 and 18 (the other was the ERASOR). Like the ERASOR, the J-SOAP-II is developed from the evidence base and examines risk factors pertaining to sexually abusive behaviour. However, there are some differences between these measures. The ERASOR adopts a structured professional judgment approach, whereas, the J-SOAP-II is described as an “empirically informed guide for the systematic review and assessment of a uniform set of items that may reflect increased risk to reoffend” (Prentky & Righthand, 2003). In this regard, the J-SOAP-II is similar to the JSORRAT-II as it uses numerical scores to make assessments and does not require written evidence to support scoring. However, unlike this measure, the J-SOAP-II considers both static and dynamic risk factors to make evaluations of risk, whereas the JSORRAT-II focuses on static risk factors. The purpose of the J-SOAP-II is to enable assessors to examine risk of sexual violence and general delinquency. The measure is designed for use exclusively with male adolescents who have histories of sexually abusive behaviour. Assessors can use the measure when they are assessing young people with and without criminal convictions for sexual offences.

Development of measure

The original version of the J-SOAP was developed following a review of the literature, concerning risk assessment and criminal behaviour (Prentky et al., 2000). The

authors of the J-SOAP initially identified 23 items, which corresponded with four subscales. The subscales considered both static and dynamic risk factors pertaining to risk of sexual violence and general delinquency. The static risk factors explored historical information relating to: 1) sexual drive/sexual preoccupation; and 2) impulsive/antisocial behaviour. The dynamic risk factors concerned behavioural change and were categorised into: 3) clinical/treatment; and 4) community adjustment.

Several revisions were made to the original measure during the development of the J-SOAP-II. These changes were made in response to the findings of three key studies which examined the J-SOAP's psychometric properties (Hecker et al., 2002; Righthand et al., 2002; Waite et al., 2002). During the revision, four items were added to scale 1 (sexual drive/sexual preoccupation). One item within this subscale was removed ('high degree of sexualizing the victim') and another was more clearly defined (renamed from 'evidence of sexual preoccupation/obsessions' to 'sexual drive and preoccupation'). One item was added to scale 2, three items from the original measure were eliminated ('impulsivity', 'history of substance abuse', and 'history of parental substance abuse') and the remaining items were revised ('caregiver consistency') or combined ('school suspensions or expulsions' was combined with 'school behaviour problems'). Scale 3 was altered to make it relevant to non-sexual offending as well as sexual offending. One item from the original version ('evidence of empathy, remorse, and guilt') was divided into two distinct items and a further item was added from scale 4. Finally, an additional item was added to scale 4 ('management of sexual urges and desires') and one item was reassigned to scale 3 ('quality of peer relationships'). Although the labelling of the static risk factors remained consistent with the original version of the measure, the dynamic risk factors of the J-SOAP-II were renamed: 1) intervention; and 2) stability/adjustment.

The revised measure consists of 28 items in total (see Table 3). The J-SOAP-II uses ordinal data, relying on a three-point Likert scale, where higher scores indicate greater risk of sexual recidivism or general delinquency. The scoring of the J-SOAP-II requires assessors to rate items as absent (0), partially present (1), and clearly present (2). To make estimations about risk of recidivism, the scores on the scales and subscales are summed and then converted into percentages; the percentages are indicative of relative proportion of risk. According to the manual, evaluations should rely on all available evidence about the subject (i.e., self-report, observations, documented records).

Table 3

J-SOAP-II risk factors, subscales and individual items

Static Risk Factors	
Scale 1: Sexual Drive/Preoccupation Items	Scale 2: Impulsive/Antisocial Behavior Items
Item 1: Prior Legally Charged Sex Offenses	Item 9: Caregiver Consistency
Item 2: Number of Sexual Abuse Victims	Item 10: Pervasive Anger
Item 3: Male Child Victim	Item 11: School Behavior Problems
Item 4: Duration of Sex Offense History	Item 12: History of Conduct Disorder Before Age 10
Item 5: Degree of Planning in Sexual Offense(s)	Item 13: Juvenile Antisocial Behavior (Ages 10–17)
Item 6: Sexualized Aggression	Item 14: Ever Charged or Arrested Before the Age of 16
Item 7: Sexual Drive and Preoccupation	Item 15: Multiple Types of Offenses
Item 8: Sexual Victimization History	Item 16: History of Physical Assault and/or Exposure to Family Violence
Dynamic Risk Factors	
Scale 3: Intervention Items	Scale 4: Community Stability/Adjustment Items
Item 17: Accepting Responsibility for Offense(s)	Item 24: Management of Sexual Urges and Desire
Item 18: Internal Motivation for Change	Item 25: Management of Anger

Item 19: Understands Risk Factors and Applies Risk Management Strategies	Item 26: Stability of Current Living Situation
Item 20: Empathy	Item 27: Stability in School
Item 21: Remorse and Guilt	Item 28: Evidence of Positive Support Systems
Item 22: Cognitive Distortions	
Item 23: Quality of Peer Relationships	

Level of measurement

As previously stated, the J-SOAP-II uses a Likert scale to make assessments regarding risk. According to this system, items can be categorised as absent, partially present, or clearly present. At this time, the manual does not provide any cut off scores in determining risk and, instead, endorses the use of ratios (Prentky & Righthand, 2003). However, this approach appears to be somewhat simplistic – reducing a complex behavioural phenomenon into a numerical value which lacks context or explanation. Furthermore, a ratio may be somewhat uninformative, as it does not provide insight regarding risk amongst this population as a whole.

Reliability

Interrater reliability

Interrater reliability refers to the level of agreement amongst data collectors (McHugh, 2012). It is usually calculated using Pearson's correlations or Intraclass Correlation Coefficients (ICC) (Fanniff & Letourneau, 2012). Assessments using Pearson's correlations are determined by where the calculated value is situated between 0 and 1 (where 1 signifies perfect interrater agreement). When the ICC is used, values between .50 and .75 indicate moderate reliability and values over .75 indicate good reliability (Koo & Li, 2017).

Authors of the J-SOAP, Prentky and Righthand (2003), found good levels of interrater reliability for all items on the original measure ('a' ranged from .75 to .91), with the exception of 'caregiver instability'. The interrater reliability for this item was found to be poor in comparison ($\alpha = .59$) and consequently, this item was revised in the subsequent edition of the J-SOAP (J-SOAP-II, Prentky & Righthand, 2003). Since the creation of the J-SOAP, several amendments have been made to the original measure. Consequently, the original calculations pertaining to interrater reliability may no longer be relevant to the current measure. The authors of the J-SOAP have not revisited their calculations, however, there has been additional research on the interrater reliability of this current version by other researchers.

In 2012, Fanniff and Letourneau reviewed seven studies to gather information on the interrater reliability of the J-SOAP-II (Aebi et al., 2011; Caldwell & Dickinson, 2009; Caldwell Ziemke & Vitacco, 2008; Martinez et al., 2007; Parks & Bard, 2006; Rajlic & Gretton, 2010; Viljoen et al., 2008). All values that were calculated for the total score, in addition to scales 1 (sexual drive/sexual preoccupation) and 3 (intervention items), indicated relatively good levels of interrater agreement. Four studies in the review found acceptable interrater agreement for scale 2 (impulsive/antisocial behavior items) (Caldwell et al., 2008; Martinez et al., 2007; Parks & Bard, 2006; Rajlic & Gretton, 2010), whereas two of the three studies examining scale 4 (community stability/adjustment items) failed to find acceptable levels of interrater reliability (Aebi et al., 2011; Martinez et al., 2007).

A more recent study by Barroso and colleagues (2019) examined the J-SOAP-II in a Portuguese sample and found that scales 1, 2 and 3 achieved acceptable levels of interrater reliability ($\alpha = .78, .76, .81$ respectively). However, this study did not consider scale 4 of the J-SOAP-II, because the population were residing in a correctional facility and had been for more than six months (which meant that the scale was omitted). It is likely that Prentky and

Righthand's recommendation regarding scale 4 (i.e., that it should be omitted if the young person has been an inpatient for longer than 6 months) has restricted the amount of research that can be done in relation to this scale. Until more research is conducted that allows for the inclusion of scale 4, it is hard to comment on the reliability of this particular scale. However, on most levels, it appears that the J-SOAP-II does have adequate interrater reliability (total score, scales 1, 2 and 3).

Internal consistency

Internal consistency refers to the extent to which items on a test produce consistent scores (Tang et al., 2014). Typically, internal consistency is measured by Cronbach's alpha coefficient (Cronbach, 1951). Alpha values of .70 or above and item-total correlations of .30 or above suggest adequate internal consistency (Nunnally & Bernstein, 1994).

In the original version of the J-SOAP, internal consistency was generally found to be adequate (Prentky & Righthand, 2003). The clinical/treatment scale of the measure was found to have high levels of internal consistency ($\alpha = .85$) and the remaining three subscales were found to have moderate levels of internal consistency (α 's ranged from .68 to .73). These findings suggested that the items within the subscales were correlated with each other, indicating that the items were measuring the same construct. However, the measure was revised in 2003 (J-SOAP-II) and individual items within the subscales were altered as part of this process. Therefore, it is likely that the authors' original calculations are no longer relevant to the current version of the measure. To assess the internal consistency of the measure in its current form, a number of additional studies have been explored and reviewed.

Fanniff and Letourneau (2012) reviewed three studies which examined the internal consistency of the J-SOAP-II (Aebi et al., 2011; Martinez et al., 2007; Parks & Bard, 2006).

The outcome of these studies generally supported the notion that the J-SOAP-II has adequate levels of internal consistency. All three studies calculated a Cronbach's alpha value above .70 in regard to total score and scales 2 and 3. The finding that there was good consistency for the total score of the measure was corroborated in Barroso and colleagues (2019) study where the calculated alpha value was .89. However, the findings of Fanniff and Letourneau's (2012) review were somewhat mixed across the studies in relation to the remaining subscales of the J-SOAP-II (1 and 4). Aebi and colleagues (2011) found evidence of internal consistency in relation to scale 4 of the J-SOAP-II but did not find evidence of internal consistency in regard to scale 1 ($\alpha = .56$). In contrast, Martinez and colleagues (2007) found evidence for internal consistency across all of the subscales, excluding scale 4 ($\alpha = .69$). However, it is noted that the proximity of the obtained value (.69) to the threshold indicative of adequate internal consistency (.70) was very close. Although this does not negate the finding that the items within scale 4 were not found to be consistent in Martinez and colleague's study, the fact that scale 4 contains only five items may have impeded on the calculated alpha value in this study (Javali, 2011). Cronbach's alpha coefficient can be affected by the number of items in a measure, meaning that alpha values may be lower when there are fewer items (Javali, 2011). Therefore, the finding, that scale 4 did not demonstrate adequate levels of internal consistency, should be interpreted with caution.

Validity

Face validity

Face validity concerns the appropriateness and relevance of a psychological test in relation to the construct that it intends to measure (Holden, 2010). Unlike other measures of validity, it draws on qualitative evaluations of a construct, rather than relying on statistical calculations.

Even on a rudimentary level, the J-SOAP-II has face validity in its criteria for administration. The authors of the J-SOAP-II state that experience with, and training concerning, young people who commit sexual offences is essential for individuals who intend to use the measure (Prentky & Righthand, 2003). They also ask for a good knowledge of general risk assessment and recommend that assessors keep up to date with the growing literature to ensure that evaluations are guided by the evidence. These guidelines ensure that evaluations using the J-SOAP-II are integrative. The J-SOAP-II should not be administered by individuals who have little knowledge of the measure and evaluations should not be understood in isolation; rather, they should be understood within the wider context of the individual and the research.

With respect to the research, the J-SOAP-II also has face validity in relation to its empirical grounding. The J-SOAP-II was developed on the back of several literature reviews which compiled information from clinical, etiological and risk assessment studies of adolescent sexual offenders, as well as studies exploring criminal behaviour in adolescent and adult populations. In this sense, the J-SOAP-II may be as valid as the research from which it is based. However, there is a caveat to this. As for the adult sexual recidivism risk assessment literature, the adolescent risk assessment literature contains significant methodological limitations (Christodoulides, 2005). This is further confounded within the adolescent population as there are a limited number of studies that have explored risk assessment for sexual recidivism within this populace (Prentky et al., 2000).

The J-SOAP-II does appear to have face validity in one other regard; the J-SOAP-II is a measure that is widely used in practice, suggesting that professionals deem it to be clinically useful (Wijetunga et al., 2017). The J-SOAP-II was created for the purpose of ‘informing and guiding treatment and risk management decisions’ (Prentky & Righthand, 2003, p. 9). The

evaluations may allow professionals to make more informed decisions about suitable interventions and placements for young people presenting with sexually abusive behaviours.

Overall, it appears that there are some promising indications in regard to face validity. However, there are also clear limitations associated with the research from which the J-SOAP-II was based which may compromise the overall validity of the measure. However, it should be noted that face validity as a concept, is considered to be somewhat ambiguous and contradictory (Mosier, 1947). Thus, the importance of face validity in determining overall validity is questionable. It is likely that more quantitative measures of validity will hold more significance when drawing conclusions about the psychometric properties of the J-SOAP-II. Quantitative measures of validity will be discussed below.

Concurrent validity

Concurrent validity is examined when one test is used as a substitute for another (Cronbach & Meehl, 1955). This allows for comparisons to be drawn between an emerging test and a well-established test. It is noted that this facet of validity may be problematic in the case of the J-SOAP-II as there are no existing or well-established measures that assess both sexual and general recidivism in an adolescent population. Nevertheless, some authors have attempted to explore the concurrent validity of the J-SOAP-II by comparing it with violent and/or general offending recidivism measures.

Righthand and colleagues (2005) examined the concurrent validity of the J-SOAP-II by exploring the relationship between the J-SOAP-II and the total scores on the Youth Level of Service/Case Management Inventory (YLS/CMI, Hoge & Andrews, 2002). They found a strong, positive correlation between the total scores for each measure ($r = .91$). They also found positive correlations for three scales (2, 3, 4) of the J-SOAP-II in relation to the

YLS/CMI ($r = .81, .88, .91$ respectively). These findings may serve to strengthen the validity of the JSOAP-II, as the YLS/CMI assesses general offence recidivism which the J-SOAP-II also sets out to examine.

It is noted that some of these findings appear to have support from other researchers. Statistically significant positive correlations have been identified for scale 2 (impulsive/antisocial behaviour items) and 3 (intervention items) of the J-SOAP-II in relation to the YLS/CMI and the Psychopathy Checklist – Revised: Youth Version (PCL-R: YV, Forth et al., 2003) (Barroso et al., 2019). Other researchers have found significant positive correlations between the J-SOAP-II total score and three facets of the Structured Assessment of Violence Risk in Youth (SAVRY, Borum et al., 2006) (total score, structured professional rating and three risk domains) (Viljoen et al., 2008). As these instruments (YLM/CMI, PCL-R: YV, SAVRY) relate to general offending in adolescent populations, it is likely that the J-SOAP-II may function similarly to these measures in predicting this type of behaviour. However, these findings do not provide any insight into the use of the J-SOAP-II as a sexual risk assessment tool.

Construct validity

Construct validity can be defined as the extent to which a test measures what it claims to measure (Brown, 1996). Construct validity can be explored by investigating the relationship between constructs which are thought to be either related (convergent) or unrelated (discriminant) (Pallant, 2013). The few studies that have considered this facet of validity appear to have generated mixed results.

In total, three studies have found positive correlations between the total scores of the J-SOAP-II and sexual (i.e., JSORRAT-II) or general (i.e., SAVRY) risk assessment tools

(Caldwell et al., 2008; Rajlic & Gretton, 2010; Viljoen et al., 2008). This is important because the J-SOAP-II is intended to be a measure for both sexual and general offending behaviour. However, there appears to be some variation with respect to the individual subscales of the J-SOAP, when compared to other psychometric measures. Fanniff and Letourneau (2012) found that scale 1 (sexual drive/preoccupation) correlated significantly with caregiver-reported scores on the Adolescent Clinical Sexual Behaviour Inventory (ACSBI, Friedrich et al., 2004). There has also been evidence that scale 2 (impulsive/antisocial behaviour items) of the J-SOAP-II has convergent validity with the PCL: YV, YLS/CMI and the SAVRY (Caldwell et al., 2008; Caldwell & Dickinson, 2009; Viljoen et al., 2008). This is promising given that the items of scale 2 relate to general offending, which these measures are designed to measure. The construct validity of the remaining scales (3 and 4) remains ambiguous. Despite the claims of the J-SOAP authors, there has not been sufficient evidence to suggest that scale 3 (intervention items) is related to existing sexual or general recidivism risk assessment measures (Caldwell et al., 2008; Viljoen et al., 2008). There does not appear to have been any research into scale 4 of the J-SOAP-II, so little is known about the construct validity of this scale.

Predictive validity

According to the American Psychological Association (APA), predictive validity refers to whether a test score correlates with a specific variable (APA, 2019). ‘Receiver Operating Characteristic’ (ROC) analyses are generally used to determine the predictive validity of an instrument. These analyses produce an ‘Area Under the Curve’ (AUC) statistic, which ranges from 0 to 1, where 1 signifies perfect prediction (Mandrekar, 2010).

It appears that most researchers who are interested in the J-SOAP-II, have sought to examine its predictive validity. Numerous studies have considered the predictive validity of the measure (i.e., Aebi et al., 2011; Caldwell & Dickinson, 2009; Caldwell et al., 2008; Chu et al., 2012; Faniff & Letourneau, 2012; Hecker et al., 2002; Martinez et al., 2007; Martinez et al., 2015; McCoy, 2007; Parks & Bard, 2006; Petersen, 2011; Powers-Sawyer & Miner, 2009; Prentky, 2006; Prentky et al., 2010; Ralston & Epperson, 2013; Rajlic & Gretton, 2010; Viljoen et al., 2008; Wijetunga et al., 2018). It is apparent that the need to evaluate the measure in regard to its predictive accuracy stems from its use as a risk assessment tool; assessors wish to be confident about the predictive validity of the measure that they use to make estimations in regard to risk of recidivism. However, the question of whether the measure predicts what it intends to predict has generated mixed responses amongst researchers.

Several studies have been able to predict general offending and sexual offending using the measure (Martinez et al., 2007; Prentky, 2006; Prentky et al., 2010; Rajlic & Gretton, 2010). Prentky, who co-authored the J-SOAP-II, explored the predictive validity of the measure and found that the total score was highly accurate in predicting sexual recidivism (Prentky, 2006). This conclusion was based on ROC analyses which generated AUC scores of .82 for prepubescent children and .80 for adolescents. These findings were largely corroborated by Martinez and colleagues (2007), who identified moderate to high predictive validity in regard to reoffence data and treatment outcomes. This appeared to be the case across general and sexual offending, whereby total index scores predicted recidivism (any recidivism: AUC = .76, sexual recidivism: AUC = .78). Researchers have also been able to predict recidivism using individual subscales of the J-SOAP-II. For instance, scale 1 (sexual

drive/preoccupation items) and scale 2 (impulsive/antisocial behaviour items) have been found to predict sexual recidivism (Hecker et al., 2002; Parks & Bard, 2006).

Despite there being some evidence that the J-SOAP-II has good predictive validity, other researchers have struggled to find support for the predictive validity of the measure. At least five studies have reported non-significant results when examining predictive validity; undermining the view that the J-SOAP-II may be useful for making predictions about behaviour (Caldwell et al., 2008; Chu et al., 2012; McCoy, 2007; Parks & Bard, 2006; Viljoen et al., 2008). Clearly this is problematic, given that the measure is currently being used in practice to inform important decisions concerning young people. Furthermore, some researchers have found that the predictive accuracy of the J-SOAP-II is reduced when children who are 15 years old or younger are being assessed (Viljoen et al., 2008). This would suggest that the J-SOAP-II is not effective for assessing risk of recidivism in younger adolescents (even though the measure is designed for use with individuals as young as 12). Although some researchers have failed to find predictive validity in relation to sexual recidivism, some have found evidence of predictive validity in regard to general recidivism (Chu et al., 2012; Viljoen et al., 2008). Overall, these findings support the use of the J-SOAP-II for non-sexual offending but cast doubt on the use of the measure in relation to sexual offending.

Normative samples

According to Kline (1986), a good psychological test must have appropriate norms. A normative sample is a reference group that is used to compare scores on a measure with other individuals who have similar demographics.

In the case of the J-SOAP-II, the norm group refers to young males who have committed acts that are consistent with a sexual offence. The J-SOAP-II is used widely in Western cultures (i.e., USA, Canada) and studies that have used the measure have predominantly focused on Caucasian populations. However, the measure has also been used with ethnic minorities within Western culture (i.e., Latino and African Americans, Martinez et al., 2007) and with non-Western populations (i.e., Singaporeans, Chu et al., 2012). It is important to note that the measure has not been developed for females or mentally disordered individuals.

The J-SOAP-II was developed based on a validation study involving 96 young sexual offenders, who ranged in age from nine to 20 years of age, with an average age of 14 (Prentky et al., 2000). These individuals had been referred for assessment and/or treatment at the Joseph J. Peters Institute (JJPI), which is a mental health service in Philadelphia, specialising in sexual abuse. Risk assessments were conducted by two clinicians using archived information and data obtained following intake. After one year, follow-up data was acquired on 75 of the individuals in the original study. During this period, the short-term recidivism rate was 11%. Of the 75 individuals assessed after the follow-up period, three young people had committed a sexual offence and five had committed a non-sexual offence. For the five individuals who committed a non-sexual offence, average scores of 21 were identified. For the three individuals who sexually reoffended after the follow-up period, an average score of 30 was identified. However, due to the small scale of the study, this data was not sufficient to generate clinical cut off scores for the measure.

It is interesting to note that the individuals who were included in the validation study, ranged significantly in age (9 to 20 years of age). Little information has been provided by the authors to justify why the measure should be used with individuals between the ages of 12

and 18. However, it does not appear that the limit identified in the manual reflects the validation study on which the measure was based (the sample included individuals under 12 and over 18).

Conclusion

The J-SOAP-II was developed due to an absence of sexual recidivism risk assessment tools designed for use with adolescent populations. Current research suggests that the J-SOAP-II is an effective tool for identifying intervention needs and monitoring progress in treatment, due to its consideration of static and dynamic risk factors (Yates, 2005). In this respect, the J-SOAP-II could be used to provide guidance in terms of identifying treatment needs and selecting appropriate interventions. Within this context, perceived level of risk is less relevant, as more emphasis is placed on individual needs and risk factors.

However, this critique has highlighted some problems with the J-SOAP-II; notably, there appear to be inconsistencies in relation to the measure's use as a sexual recidivism measure. The small pool of evidence that does exist, indicates that the measure effectively assesses general recidivism but fails to consistently capture sexual recidivism. Consequently, it appears that the J-SOAP-II does fall short of being effective in predicting risk of sexual recidivism, thus impeding on the measure's ability to contribute to important decision-making concerning young people (i.e., placements, restrictions). As such, assessors using the measure may need to be cautious when using the measure to predict sexual recidivism. There have also been some concerns regarding the J-SOAP-II's application to younger adolescents. The J-SOAP-II has demonstrated better predictive accuracy with older adolescents than it has with adolescents aged 15 or younger (i.e., Viljoen et al., 2008). These issues call into question the age range that has been identified for the J-SOAP-II (12 – 18).

Although the psychometric limitations of the J-SOAP-II are clear, the tentative nature of the measure has been referenced in the manual (Prentky & Righthand, 2003). The authors advise that the J-SOAP-II should not be used in isolation; instead stating that it should be part of an integrative risk assessment battery. In recent years, practitioners have advocated a more holistic approach to risk assessment, emphasising the importance of strengths-based risk assessment (Campbell et al., 2016). This approach builds on the deficits approach to risk assessment, considering abnormality and impairment, but also taking into account individual strengths and competencies. This cannot be achieved without a comprehensive evaluation that draws on information from a range of sources (Morenz & Becker, 1995). Given the absence of protective items in the J-SOAP-II, it is only able to provide so much information about an individual's overall risk.

Prentky and Righthand (2003) state that the J-SOAP-II is an 'experimental' measure, which means that it will likely evolve with the growing literature. It is anticipated that further research, conducted across different settings, will provide a more comprehensive understanding about the psychometric properties of the measure (Fanniff & Letourneau, 2012). Although this does not resolve the current difficulties, it does appear that the psychometric limitations are not necessarily confined to the J-SOAP-II alone; difficulties are also present in the wider field of adolescent risk assessment (Campbell et al., 2016). In short, until such a time that the J-SOAP-II consistently demonstrates that it has acceptable psychometric characteristics, it is advised that the measure is used concurrently with other risk assessment tools (i.e., the ERASOR).

CHAPTER FOUR

Research Project

Educators' Perspectives on Harmful Sexual Behaviour: A Qualitative Study

Abstract

Despite the observation that up to one third of sexual abuse is perpetrated by children or adolescents, there has been minimal exploration of Harmful Sexual Behaviour (HSB) within the literature (Hackett, 2004). Furthermore, much of the existing research regarding professional perceptions and management of HSB indicates that some individuals have unhelpful views of young people with these behavioural presentations and lack confidence in responding to cases of HSB (Clements et al., 2017; Girl Guiding, 2015; HMIP, 2013; Vosmer et al., 2009). Therefore, the current study aimed to contribute to the limited evidence-base regarding HSB, by exploring educators' perspectives. The study adopted a qualitative methodology, using thematic analysis to capture the experiences, knowledge, understanding and perceptions of educators who have experience working with school-aged children. Semi-structured interviews were conducted with 10 educators working in schools in England. The data from these interviews were analysed using thematic analysis which identified four key themes: *Awareness of HSB in Education*, *Responses to fictitious and real-life cases*, *The etiology of HSB*, and *Perceptions of HSB*. A number of subthemes were also identified within these themes. The findings of the study were discussed in relation to the existing research, and implications were highlighted regarding professional practice and future research.

Introduction

Harmful Sexual Behaviour (HSB) in educational contexts

In recent years, more attention has been paid to the issue of Harmful Sexual Behaviour (HSB) amongst children and adolescents. Furthermore, there appears to be evidence that HSB can occur within the context of Education. These behaviours have been found to be prevalent in educational settings, including primary and secondary schools (i.e., Espelage et al., 2016; Lee et al., 1996; Renold, 2002; NEU/UK Feminista, 2017). In addition, it appears that HSB is not only limited to mainstream education in the UK but is also a significant issue in special schools. For example, Fyson (2007) examined HSB in this context and found that HSB occurred at least once per term in 65% of the schools involved in the study, with some even reporting that it happened on a weekly basis (19%).

To further grasp the extent of the problem, studies have explored teachers' experiences with HSB in schools. In a largescale study, by the National Association of Schoolmasters Union of Women Teachers (2016), teachers provided examples of HSB that they had encountered in their practice, which included pupils filming themselves masturbating, or taking nude photographs, and sharing the footage/images – which would sometimes be sent on to others. In Fyson's study (2007), it was found that inappropriate touching was reported by most of the schools (85%), public masturbation was reported by half of the schools and a smaller proportion of schools reported incidents of rape (15%). With respect to these more severe cases of HSB in schools, the Freedom of Information Act in England and Wales, revealed that 5500 sexual offences had occurred in schools between 2012 and 2015 (BBC, 2015). In total, 4000 of these cases related to incidents of sexual assault and 600 related to incidents of rape. Although these figures are concerning, it is important to note that sexual abuse is often underreported (World Health Organization, 2002), and cases of HSB do not

always involve the police. Therefore, incidents of HSB are likely to be much higher than this figure – although not all cases will be as severe as those that required police notification/response.

Research conducted worldwide suggests that sexual violence is commonly experienced by secondary school-aged children, with rates ranging from 40% to 85% (Allnock & Atkinson, 2019). Some instances of sexual violence occur within the school environment, whereas other instances take place outside this context. A report by the Women and Equalities Committee (WEC, 2016) indicated that young women consistently experience high levels of sexual harassment and sexual violence within schools and colleges in the UK. This notion appears to be supported in the literature. For example, studies have found that nearly a third (29%) of girls (aged 16-18) have experienced unwanted sexual touching at school (End Violence Against Women Coalition, 2010). There have also been reports of sexually abusive language being used frequently within educational settings. In total, 71% of young people (16 to 18) had witnessed sexual name calling (i.e., “slag”, “slut”) towards girls at schools on a regular basis (i.e., daily, weekly) (Girl Guiding, 2015).

HSB and victimisation also appears to be an issue amongst primary school students. A focus group facilitated by Brook (2016), highlighted that HSB can sometimes originate in this context. Young people reported that sexual harassment often commences in years five and six, with children lifting up skirts or pulling down pants. In a report by the Office for Standards in Education, Children’s Services and Skills (OFSTED, 2009), six out of 69 schools were recorded to have excluded primary school students due to incidents of sexually inappropriate behaviour. An additional six schools reported to have encountered sexualised behaviours, however these incidents had not resulted in exclusion.

Perceptions of Harmful Sexual Behaviour

Exploration of community responses to HSB, suggest that individuals from a general population can hold negative attitudes towards young people with these behavioural difficulties (Hackett et al., 2015). Some studies indicate that a contagion effect can occur with respect to such incidents, whereby children and adolescents are stigmatised as sexual offenders, villainised, or ostracised by their community (Hackett et al., 2015). In some cases, stigmatisation does not only impact on the child concerned, but also their family (e.g., parents losing their employment, siblings being bullied).

Although professionals generally appear to have a more positive view of young people with this behavioural profile, they too can be affected by negative societal biases. For instance, although the vast majority of educators (88%) agree that young people engaging in HSB should not be perceived as sexual offenders or abusers, research suggests that a small proportion of teachers believe these terms to be appropriate in some cases (12%; Vosmer et al., 2009). On the contrary, some professionals may hold beliefs that condone or minimise the impact of sexual violence. For example, studies have found that school staff can often minimise the impact of sexual harassment (Girl Guiding, 2015; HMIP, 2013). In addition, professionals working in schools can sometimes perceive HSB incidents as being only related to those directly involved, rather than acknowledging that it is characteristic of wider school culture and societal norms (HMIP, 2013; Safeguarding Teenage Intimate Relationships, 2015). In these cases, incidents of HSB are minimised which may prove harmful to the child engaging in the behaviour, as well as any other children who are affected by it.

There also appear to be skewed perceptions amongst young people, which serve to further perpetuate the problem of HSB and sexual victimisation. Research suggests that many

young people regard sexual harassment and sexual violence to be a normal part of life (Fineran & Bennett, 1998). While both males and females can fall victim to sexual violence in schools, there is evidence to suggest that HSB in this context may disproportionately affect young women (EVAWC, 2010). However, reports indicate that incidents of sexual bullying, sexism and harassment are frequently underreported, due to such behaviours being minimised, or being perceived as normal (Bristol City Council, 2014).

One possible explanation for this pattern of sexual violence in schools, may be attributed to the significant pressure on boys to showcase their masculinity through objectifying or teasing girls (Bristol City Council, 2014). This notion is supported by the feminist literature which argues that young people are socialised into a patriarchal society, where male aggression is normalised and female endurance is commonplace (Stanko, 1985). The challenge of normalisation is also reflected in government guidelines which note that dismissing or tolerating challenging sexual behaviour as "banter", "part of growing up", "just having a laugh" or "boys being boys" is unhelpful (Department for Education, 2019, p. 25).

Professionals and Harmful Sexual Behaviour

Research into HSB has sought to explore professionals' understanding of HSB across a wide range of professional groups. According to researchers, a good understanding of appropriate versus inappropriate sexual behaviours is paramount in managing cases of HSB effectively (Hackett et al., 2016). However, a report by the National Children's Bureau and Research in Practice found that professionals lacked confidence when they were tasked with cases of HSB (Clements et al., 2017). The report identified deficits in professionals' awareness of HSB, as well as insufficient training opportunities available to them. These findings have been replicated in other studies – for example, Almond (2013) who found that

HSB was often misunderstood, not acknowledged, or rarely discussed outside of work, in a study of social workers.

Training on the issues surrounding and involving HSB has been found to positively influence the work of professionals (Clements et al., 2017). However, during a three-year period, only 35% of professionals in the study had received the relevant training on HSB (Clements et al., 2017). Those working in health and education were the least likely of all the professional agencies to have accessed the training (Clements et al., 2017). Furthermore, 71% of the professionals who worked in youth offending stated that there was a clear policy for managing HSB (Clements et al., 2017), whereas only 35% of individuals working in education were aware of a policy for this type of behaviour. It is important to note that this discrepancy may be attributable to the differences between the professionals working within these agencies. Given the nature of their work, professionals working with young offenders are more likely to encounter (and manage) cases of HSB. In contrast, educators are less likely to encounter cases of HSB given their work with young people from a broader and more general populace. However, this does not negate the evidence, which suggests that professional agencies are inadequately equipped to deal with cases of HSB (Clements et al., 2017).

Identification and management of Harmful Sexual Behaviour

In recent years, specific guidelines and tools have been developed to assist professionals in identifying and managing cases of HSB. For example, in 2016, the National Institute of Health and Care Excellence (NICE) created a set of guidelines to inform good practice (NICE, 2016). These guidelines highlighted the importance of educating professionals, including teachers, senior teachers and pastoral leads in schools (National

Institute for Health and Care Excellence, 2016). Recommendations were made for there to be a named safeguarding lead within each school who is aware of the threshold for a referral. A traffic light tool was also created by Brook (a charity for young people) to help professionals to identify problematic sexual behaviours (Brook, 2015). The traffic light tool categorises behaviour by severity into green (safe and healthy sexual behaviours – e.g., curiosity about own body in under-fives, solitary masturbation in adolescents), amber (behaviours that are potentially unhealthy and unsafe – e.g., preoccupation with touching others’ genitals in under-fives, adolescents accessing exploitative or violent pornography) and red (behaviours that are unhealthy and unsafe – e.g., under-fives simulating sexual activity in play, sexual aggression/coercion) classifications. The categories provide professionals with guidance on how they should respond to different types of HSB. This is particularly important as evidence has found that responding to HSB quickly and appropriately ensures that young people can be rehabilitated, before their behaviour becomes entrenched (Department for Education and Child Development et al., 2013).

Although the issue of HSB continues to be under recognised and under acknowledged, it does appear that professional and government bodies are responding to this issue, by providing relevant agencies with support and guidance about identifying and managing cases.

Educators and Harmful Sexual Behaviour

According to researchers, schools and teaching staff play a leading role in identifying cases of HSB (Smith et al., 2013). Hackett and colleagues (2016) identified three stages of prevention for HSB: primary, secondary, and tertiary. Primary and secondary prevention occurs prior to HSB and tertiary interventions occur following an incident of HSB. The authors highlighted the ‘key role’ that schools play in the primary prevention of HSB (Hackett

at et al., 2016). Schools have both a direct and indirect influence over HSB. Education serves to inform young people and their families about healthy sex and relationships which may serve to prevent incidents of HSB (Hackett et al., 2016). In addition, educators may come into direct contact with young people exhibiting HSB during their work and they may witness initial instances of HSB in their classroom or be the first point of contact when an incident occurs. Regarding indirect influence, educational establishments can also be fundamental in managing risk for young people displaying HSBs by providing them with a meaningful daily routine (Hackett et al., 2016).

Although educational establishments are important in the prevention, identification and management of HSB, schools are given little guidance on this topic (Hackett et al., 2016). According to Hackett and colleagues (2016), Local Safeguarding Children Boards (LSCB) training for teachers does not cover developmentally appropriate sexual behaviour or provide guidance on how to respond to inappropriate sexual behaviour.

The importance of educational establishments, in relation to HSB and sexual victimisation, appears to have received recognition by government bodies. In response to these issues, the UK Government published guidelines titled 'Together We Can End Violence Against Women and Girls: A Strategy' (UK Government, 2009). In this document, the government emphasised a commitment to sexual violence prevention work in schools. The document highlighted the importance of school establishments with respect to this issue, stating that schools can play a vital role in the identification of HSB cases, and may be one of a few places where a child can disclose sexual victimisation.

In England and Wales, educational establishments have a statutory duty to safeguard their pupils (Department for Education, 2019). This is not specific to incidents of sexual abuse

or HSB but does relate to such cases. Government guidelines indicate that schools and colleges should have the necessary measures in place to protect against bullying, or victimisation, within their establishments. Furthermore, all maintained secondary schools must educate students on sex and relationships, in line with statutory guidelines. With respect to sexual violence, the guidelines state that preplanning, effective training and effective policies are paramount for ensuring an optimal response from professionals. According to this guidance, the Designated Safeguarding Lead (DSL) within the school must take responsibility for cases of sexual violence, which may require them to liaise with relevant services (i.e., social services, the police or specialist services).

However, concerns have been raised, by some authorities, over how effectively schools are currently responding to cases of HSB. According to Her Majesty's Inspectorate of Probation (HMIP), responses in England's schools are often inconsistent and professionals vary in terms of their competence and confidence in responding to HSB (HMIP, 2013). There also appear to be discrepancies regarding responses to the behaviour. Sometimes students who have engaged in HSB continue to attend school with their victims, whereas on other occasions, students of this description are excluded from mainstream school as a consequence of their behaviour (BBC, 2017; HMIP, 2013; House of Commons, 2016).

The differing approaches of schools, in their response to incidents of HSB, could impact on the individual engaging in HSB as well as impacting on any victims who may be affected by such incidents. For example, if inappropriately managed, individuals engaging in HSB may be at risk of experiencing developmental disturbances as a result of their behaviour (i.e., if they are taken out of school) (Hackett, 2014). Furthermore, the responses of professionals (i.e., disgust, anger, dismissal) may determine whether a young person experiences distress, or perceives rejection (Hackett, 2014). Furthermore, regarding victims of

HSB, those who are victimised may suffer with low confidence, poor concentration in the classroom, or poor engagement at school (House of Commons, 2016). Victimisation can also have a negative impact on an individual's physical, sexual and mental health long-term (House of Commons, 2016). Therefore, it is important that the approach adopted by professionals who work with children and adolescents, takes such issues into account.

There is currently little empirical evidence regarding educators' understanding of HSB. However, some researchers have sought to gain insight into this area. Australian researchers, Ey and colleagues (2017), found that most educators in their study were able to differentiate between healthy and problematic sexual behaviours. However, they did find that some educators lacked comprehensive knowledge of healthy versus problematic sexual behaviour. This latter finding appears to have been replicated in a qualitative UK study. Waters (2019) conducted interviews with educators at special and mainstream schools and found that teaching staff did find it difficult to differentiate between normal and harmful sexualised behaviours.

Ey and colleagues (2017) highlighted the possible implications of their findings, in regard to the identification of individual cases involving HSB (i.e., educators over or under reporting). Interestingly, the study found that most educators (78.5%) who had received specific training on HSB, felt more confident about how they would respond to cases. This finding serves to reinforce the importance of training within this professional body. However, the finding that not all individuals who had participated in training about problematic sexual behaviour felt confident about responding to cases, may indicate that there were limitations to the training that they received. Although this particular study was specific to Australian educators, and as such, may be limited in relation to generalisability, it does appear to support the notion that not all educators are well equipped to manage cases of HSB. Furthermore, the

findings of Waters (2019) which was conducted with UK teachers, appears to support the findings of this study.

Research rationale

The research intends to contribute to the current understanding of HSB, by providing first-hand descriptions of HSB within educational contexts; this may illuminate the nature of, and extent of the problem in UK schools. The study will provide a unique account of HSB, through exploration of teachers' perspectives, whose experiences appear to be neglected in the wider literature, despite their extensive involvement with young people. The research will consider the current level of training for educators, in identifying incidents of HSB, and highlight the protocol within schools for managing such cases. This is due to indications in the literature that professionals lack confidence when working with cases of HSB (i.e., Clements et al., 2017). The study will explore participants' awareness of HSB, definitions of HSB and their understanding of HSB-related issues. Furthermore, the study will identify any misconceptions or biases that participants might hold regarding the subject, through the discussion of real-life examples and fictional vignettes. This is particularly important to ascertain, given that attitudes may influence responses to HSB, which may have consequences for the individual exhibiting the behaviour, as well as any victims (i.e., judging the child [Vosmer et al., 2009], minimising the behaviour [Girl Guiding, 2015; HMIP, 2013]). The study will also document professional responses to incidents of HSB, referencing real and fictional cases.

However, the research may go beyond the field of education, and have implications for professionals working within a wide range of different services and contexts. Conclusions drawn from the findings may serve to inform professional practice and have implications for

professional training. Findings from the research may apply to the work of other professionals who work closely with children such as healthcare professionals, social workers and police officers. In addition, the research may also benefit children and adolescents who are engaging in HSB as well as their families, through further representation of HSB in the academic literature. By adopting a qualitative methodology, the study will endeavour to produce a detailed and descriptive insight into this research topic. The method of analysis, thematic analysis, will generate rich and detailed findings, which will assist future researchers in identifying quantitative research questions within this field.

The aim of the present study is to explore educators' perspectives on HSB. Therefore, the overarching research question is:

What are educators' perspectives on HSB in English schools?

More specifically, within this question, the following questions will be explored:

- What experiences have educators had with sexualised behaviour and HSB in schools?
- What understanding and awareness do educators have regarding the concept of HSB?
- What are educators' thoughts on identifying and responding to HSB in schools?
- What views or perceptions do educators have about HSB and the individuals who are affected by it?

Methodology

Sample and recruitment

Participant recruitment relied on two methods: recruitment through existing connections at the University of Birmingham and recruitment via social media advertisement. It is noted that all participants involved in the study were entitled to a £20 Amazon voucher as recompense for their participation in the interview. The majority of the participants in the study were recruited through the University of Birmingham, Forensic Psychology Faculty, where existing connections were used to identify participants. This method was adopted to maximise participant recruitment. Due to the sensitive nature of the topic, it was hypothesised that recruitment from schools without existing links with the University of Birmingham may have been reluctant to participate in the research. However, to reduce bias, none of the participants in the study were known to the researcher directly.

The second method of recruitment utilised social media to advertise the study and connect with participants. This method was selected as it was anticipated that this would enable the researcher to link in with participants from a wider geographical range. This was important, given that schools in the UK may have different policies regarding HSB. To ensure that posts went out to eligible participants, relevant social media groups and pages were selected by the researcher; these groups and pages consisted of educators and school staff. These platforms were approved by the Ethics Committee at the University of Birmingham, before advertisements were posted.

Eligible participants were qualified primary or secondary school teachers (including senior staff members – e.g., headteachers, deputy head teachers etc) and teaching assistants who were working at schools in England. All participants in the study were contacted by

email. Recruitment was facilitated by the researcher contacting individual teachers directly (see Appendix H) or through the headteacher of the establishment (see Appendix I). Educators who were interested in participating in the study, were asked to contact the headteacher of their establishment to gain consent. Typically, the headteacher's consent was evidenced via email. However, in cases where the teacher was employed as a supply teacher, it was sufficient for them to make the headteacher aware of the study. In cases where the headteacher was the main contact, recruitment was facilitated by them circulating information about the study to their teaching staff (see Appendix J).

In total, there were 10 participants involved in the study. Of the participant sample, seven were female and three were male. Participants consisted of senior staff members ($n = 4$, i.e., headteacher, assistant/deputy headteacher, head of year) as well as teaching staff ($n = 6$, i.e., classroom teacher, supply teacher, higher teaching assistant). Participant experience ranged from three years to 30 years. Some of the participants in the study worked with primary school aged children ($n = 5$) and others worked with secondary school aged children ($n = 3$). However, some of the participants had worked with both primary and secondary school children during their career ($n = 2$). All participants were currently employed at either a primary or secondary school in England. However, some ($n = 2$) participants also had prior experience of teaching in other countries (i.e., Ireland, Wales). The regions represented in the sample included the West Midlands ($n = 5$), Nottinghamshire ($n = 1$), Hertfordshire ($n = 1$), Gloucestershire ($n = 1$), Somerset ($n = 1$) and Yorkshire ($n = 1$). All participants in the study spoke fluent English.

Design and procedure

Given the scarcity of the existing research, and the infancy of the field, an exploratory analysis was deemed suitable and a qualitative methodology was therefore adopted. Thematic analysis was used to generate rich and detailed data, whereby codes and themes were identified within the dataset.

Data were obtained following participation in a semi-structured interview, which was facilitated over-the-phone. This approach allowed for a guided interview, where participants were asked some predetermined questions but generally engaged in an open and exploratory conversation with the researcher. Three fictional vignettes depicting incidents of HSB were sent to the participants prior to the interview, which were discussed during the interview (see Appendix N). Overall, the interviews lasted between 40 minutes to 1 hour and 10 minutes. Written consent was sought in the days before the scheduled interview (see Appendix L) and was reaffirmed at the start of the interview. At this point, participants were also made aware of their right to withdraw from the interview. The interviews were recorded using a Dictaphone, which enabled the researcher to accurately document what was said by the participants when transcribing the interview. At the time of the interview, participants were asked to provide a unique number which would allow the researcher to identify them. Once the unique number had been recorded, all names and identifiable information were deleted to protect the participant's identity.

As previously stated, ethical approval was applied for and granted by the University of Birmingham Ethics Committee (reference number: ERN_19-0428).

Interview schedule

The interviews followed a broad interview schedule, which outlined key questions and topics to explore with participants (see Appendix M). The interview questions related to participants' knowledge of HSB, pertaining to their experiences, perceptions and attitudes. Examples of pre-determined questions asked in the interview included, 'Can you tell me what you know about HSB?', and 'Can you tell me about your experience with young people who engage in HSB?'.

Measures

During the second part of the interview, participants were encouraged to discuss the fictional vignettes. The vignettes used in the study, depicted incidents of HSB, some of which occurred within a school environment and others which occurred outside of school. There were six vignettes in total, three of which related to primary school aged children and a further three which referred to secondary school aged children. The vignettes were created by the researcher, following a scope of the literature concerning real cases of HSB, and after seeking input from an expert in the field. The behaviours depicted in the vignettes referred to penetration or sexual touching without consent, indecent exposure and public masturbation and creating/accessing illegal or inappropriate images/pornography. These categories were suggested by the expert, who worked at a specialist HSB unit which used these classifications. Given the nature of HSB within this context, the behaviours depicted in the vignettes were on the more severe end of the HSB continuum. Some of the vignettes made references to characteristics associated with the young person exhibiting the behaviour (i.e., age, gender), or the background characteristics of the individual (i.e., home life, social life). This was done to encourage discussion.

Data analysis

All interviews were transcribed by the researcher who conducted the interviews with participants. Speech was recorded verbatim, meaning that all spoken words were included in the write-up of the interview – including false starts and repetition. Grammar (i.e., commas) was also included in places where they helped to determine meaning. The audio-recordings were played during the transcription itself, and after the transcripts were written up to ensure that the content was accurate. Observations during and after the interviews were noted down by the researcher throughout the data collection process, to ensure that any initial patterns, themes or observations arising from an interview were captured in the moment.

The method of data analysis in the present study was thematic analysis. According to Braun and Clarke (2006, 2012), effective thematic analysis goes beyond reporting what is in a dataset; rather thematic analysis should tell an interpretive story about a dataset, in relation to a research question. In a recent publication, Braun and Clarke (2019) expressed their preference for the term 'reflexive' thematic analysis, where the researcher plays an essential role with respect to knowledge production. Reflexive thematic analysis assumes that all themes generated from a dataset have been interpreted by the researcher, rather than passively emerging from a dataset, or simply existing in a dataset and awaiting discovery. This version of thematic analysis places less significance on the procedural implementation of the method, and more emphasis on the researcher's reflective engagement with the dataset.

In line with their methodology, Braun and Clarke's version of thematic analysis involves six phases (Braun & Clarke, 2006, 2012). Firstly, the analyst familiarises themselves with the dataset, highlighting any interesting observations that they have. Following this, the researcher generates codes (2) and then themes in the dataset (3). They then review (4) and define the themes (5), and finally interpret the findings in the form of a written report (6).

Thematic analysis relies on two approaches to identify themes: the inductive 'bottom up' approach, or the deductive 'top down' approach (Braun & Clarke, 2006). The former draws on a more data driven analysis and the latter is guided by the researcher's interest in the research area (Braun & Clare, 2006). Both methods were applied during the data analysis stage of this study. The use of inductive and deductive approaches reflected the semi-structured nature of the interviews, whereby the researcher set out to cover specific topics, but also encouraged exploratory discussions with the participants.

All transcripts were imported to NVivo 12, which allowed the researcher to identify codes (nodes) and group them into themes. The use of this software ensured that a systematic coding approach was established during the data analysis stage, whereby quotations were grouped into relevant themes across the dataset. The process of thematic analysis was carried out manually by the researcher – no other researcher was involved in coding the transcripts meaning that inter-rater reliability was not calculated. However, the relevance of interrater reliability in thematic analysis is questionable, given that individuals accessing a dataset are likely to interpret the data in the same way, which makes objectivity difficult (Loffe & Yardley, 2004). Despite this, aspects of the data analysis sought to contribute to the validity of the present study. A secondary psychologist was consulted during the data analysis process, to clarify whether the findings were robust and relevant to the research questions. Furthermore, Braun and Clarke's (2006, 2012) six steps (outlined above) were followed to ensure that the analysis was consistent with their approach. In addition to these measures, high-quality data collection ensured a high-quality data analysis (Vaismoradi et al., 2013) and the use of a reflexive journal during the research process allowed for a clear audit trail (Finlay & Gough, 2003).

Results

Four themes emerged from the data analysis, in addition to several subthemes. The key themes included: *Awareness of HSB in Education*; *Responses to fictitious and real-life cases*; *The etiology of HSB*; and *Perceptions of HSB*. An overview of the themes and subthemes elicited from the data analysis have been detailed in Table 1.

Table 4

A table detailing the themes and subthemes elicited from the data analysis

Themes			
1. Awareness of HSB in Education	2. Responses to fictitious and real-life cases	3. The etiology of HSB	4. Perceptions of HSB
Sub-themes			
<i>1.1 Experiences with HSB</i>	<i>2.1 Emotional responses</i>	<i>3.1 Innocent curiosity</i>	<i>4.1 A taboo subject</i>
<i>1.2 The hidden nature of HSB</i>	<i>2.2 Protocols for responding to HSB</i>	<i>3.2 Learnt behaviour</i>	<i>4.2 What would people think?</i>
<i>1.3 Challenges within the role</i>	<i>2.3 Measures to guard against HSB</i>	<i>3.3 Inexplicable behaviour</i>	<i>4.2 Concerns for those engaging in HSB</i>

Theme 1: Awareness of HSB in Education

The first theme that was identified, referred to educators' awareness of HSB with respect to their role. Despite only a few participants having had direct experience of HSB, all of the participants in the study were able to reflect on the nature of HSB in educational establishments and consider the challenges that they encounter, in relation to tackling HSB in schools. Three subthemes were elicited from the conversations with participants which included, *Experiences with HSB*, *The hidden nature of HSB*, and *Challenges within the role*.

1.1 Experiences with HSB. Although many of the participants had experienced developmentally appropriate sexualised behaviours in school, experience of HSB appeared to be less prevalent within the sample. However, some participants were familiar with cases of HSB – either through their direct or indirect involvement with a case (i.e., finding out from parents or colleagues). Amongst younger children, participants referenced children masturbating, ‘humping’ other children, and rubbing themselves against objects/furniture in the classroom. As noted by Participant 3, “the word ‘context’ is really important”; it appeared that the other participants shared the view that behaviours such as these may be regarded as ‘harmful’ if they become recurring patterns of behaviours, or if they persist past a certain age. However, participants did highlight some clear examples of HSB occurring within a school environment. Participant 9 described an incident that had occurred in a school changing room, which they had witnessed many years ago:

I went back to the room and there was just two children there, one of them had learning difficulties and he was a lot younger, and the other boy was like ‘oh just take down your pants and sit on my lap, come on, you know I won’t tell anyone’ and it was sort of like he was obviously coaxing him to do something, which was really sexually inappropriate

Some participants who had worked with children and adolescents made reference to ‘predatory’ behaviour occurring in school and spoke about incidents of unwanted sexual touching. Participant 7 spoke about an incident that had occurred in the school toilets:

...we had a boy going to the toilet out of lesson and waiting for a girl to assault... it was a fairly serious assault I think... it was sexualised, it wasn’t serious serious... in

terms of the amount of touching... but he did sort of push himself on her and try and kiss her and things like that and yeah, it was certainly very unwelcome

Participants had also come across young people accessing pornographic material and using inappropriate sexual language inside and outside of school.

1.2 The hidden nature of HSB. There appeared to be a consensus amongst the participants that incidents of HSB are generally well hidden and undetected within a school environment. As Participant 7 noted, “I think there’s quite a big variation between what actually goes on and what we are actually alerted to”. Participant 7 described an incident that they had heard about, involving one of their students:

I know a lad in my year group had done something out of school erm which you know had repercussions... he stayed in school but something had happened out of school but it was dealt with above my level... I think it was quite serious... it involved younger children or something like that that. When I think it gets that serious... you don’t hear as much

There appeared to be a general sense that cases of HSB – particularly more serious cases – are not discussed by staff members within schools. Participant 4 expressed some frustration at this noting:

...you’ve also got to understand that if it happens erm you get a complete and utter lockdown and erm even if you are working regularly in the school, so I’ve heard of instances of it happening either at home or at school...you are not allowed to officially be told because of the Data Protection Act and the Protection of Minors Act and all that stuff, which can be very very frustrating because sometimes you’ll get a situation where a child will be in the class with an adult and somebody will say to you ‘oh by

the way so and so is not allowed to erm have any contact with any other members of the other thirty children, the other thirty thirteen year olds in the class' erm and you say 'why?' and they say 'we can't tell you because of data protection'

However, HSB was not just 'hidden' in terms of how cases were handled by professionals; participants also spoke the inherent nature of sexual behaviour, which is 'private' and often occurs 'behind closed doors'. In an incident involving technology assisted HSB, one participant explained that the children involved had "tried to hide that experience" and had "not been forthcoming" (P10). They reflected on this stating that, "if we don't know from the children or their parents, we just don't know" (P10). Other participants also considered this problem, noting that many young people affected by HSB would be unlikely to inform a teacher "because they know if they are going to share anything with us then it becomes something very official, you know you can't say something to a teacher without it being passed on" (P7). These issues appeared to apply to individuals engaging in HSB as well as the potential victims.

1.3 Challenges within the role. A final subtheme that emerged from the data analysis, referred to the limited time and resources educators have to try and tackle HSB and other complex issues. Firstly, it appeared that there was a sense amongst the participants that the pressure that they were under as educators felt quite overwhelming at times. Participants spoke about the safeguarding training that they had participated in, which covered various aspects of child protection, including sexual victimisation and HSB. Although the participants appeared to have found the training useful, it appeared that the training had been quite broad and intensive in that a lot of different topics had been explored in a relatively short amount of time. It appeared that HSB was just one topic out of many others, which educators were expected to know about and consider during their practice. From the participants'

descriptions, it appeared that many of them had adopted a dual role within their work – part of their role related to teaching and the other part was more pastoral. Participants reflected on the reality of their work, for example:

...you have to try and be like a master of all things really... you are almost like a parent at school as well, sorting emotional issues, social issues, like children who wet themselves or soil themselves, or have emotional issues that they bring from home, or whether a parent has died, or like domestic abuse going on at home. (P5)

Other participants commented on the challenge of taking on all of these responsibilities as part of their role. Participant 3 considered the emotional impact on teachers of being tasked to manage these different issues and safeguarding concerns:

All the things that are being asked as teachers... The amount of pressure on teachers, the responsibilities, the knowledge they are meant to hold in their head... All of these things... it's too much... All these different factors that schools are being asked to manage, support, take responsibility for...it's a constant feeling of responsibility and that wears people down because, you know what, it's my responsibility that that child's doing that and it's wrong. We are responsible to children, we are not responsible for children but it hurts when you know that, even when you are responsible to them and you can't do what you want to make that child's life better, to make that families life better, community... it can really upset people, it can really impact on their wellbeing because you feel like a failure...

Not only were there concerns about the role of safeguarding within Education, but there were also concerns raised about the financial restrictions placed on schools to tackle issues like HSB. As highlighted by Participant 10, “you must remember schools have lost

probably 12 to 15 percent of their funding over the last eight years, which has a direct impact on staffing levels.”

It appeared that the limited budget within education was a cause of frustration for the participants – particularly the senior staff members. With one participant noting:

...this is the money that the government are willing to put towards this, therefore, this is what is defining good enough... everyone comes to me and wants all sort of things, and I know that we can't afford all the things they would like, things that I would like, it's tough (P3)

Although participants reported that awareness of HSB had increased within Education in recent years, they noted that the limited money and resources available to schools posed difficulties in terms of guarding against HSB and equipping educators with the tools needed to manage these kinds of issues.

Theme 2: Responses to fictitious and real-life cases

A second theme that was elicited from the data analysis, was regarding educators' responses to real or fictional cases of HSB. Participants that had encountered cases of HSB during their practice were able to reflect on how the case had been managed by the school and those who had no experience of HSB were able to draw on their training, through the discussion of fictional vignettes. The responses related both to the participants' emotional reactions and to their practical responses to HSB. The subthemes included: *Emotional responses*, *Protocols for responding to HSB* and *Measures to guard against HSB*.

2.1 Emotional responses. The discussion of the vignettes evoked poignant emotion in the participants, with many expressing significant discomfort and concern for the individuals involved. Notably, Participant 8 described the impact of reading the vignettes

being “like you’ve been punched in the stomach”. Other participants expressed a similar emotional response upon reading the vignettes, with Participant 3 detailing their internal dialogue: “I don’t like this, this isn’t nice, I don’t like it, I don’t, I’m uncomfortable, this isn’t right”. Some participants felt particularly troubled by the vignettes describing HSB amongst younger children. Participant 6 commented: “I felt really sad, that’s the initial word I would use, I felt really sad that children as young as that were doing such things”. This appeared to be corroborated by other participants who queried the behaviour exhibited by the younger children – “I think the big question as well is where is it coming from? Where is this behaviour coming from?” (P9). Aside from worrying about the severity of the behaviour itself, some participants expressed further concerns about the context of the behaviour. For example, perceiving that there was a degree of premeditation in what the child was doing, or that there may have been insight into the inappropriateness of their behaviour.

Participants were also unsettled by the vignettes which involved a distinct victim. Whilst discussing one of the vignettes involving siblings, Participant 9 reflected that “the fact that he’s done that to his little sister... it was really hard to stomach”. There appeared to be particular concerns amongst the participants about the detection of cases like this, which occur within families. However, the participants did express sympathy for both the perpetrators and the victims of HSB. Participant 10 indicated that “there are no winners in this situation” and Participant 8 reflected this noting that, “you just feel for those students going through that, and sometimes you feel for both the perpetrator and the one who is you know at the end of it, you know it’s an awful situation”.

2.2 Protocols for responding to HSB. Another subtheme that was identified within this theme, related to the protocols in place within educational establishments to respond to incidents of HSB. Participants were able to reference their own experiences with

real-life cases and consider how they would respond to hypothetical situations involving HSB (drawing on the vignettes). Positively, all of the participants involved in the study demonstrated a good understanding of the procedures within their school, which would help them to effectively respond to HSB. Participants identified measures that they would use to document and record concerning behaviours (i.e., CPOMs, pastoral logs, My Concern) and recognised the individuals and agencies that would be involved in the management of such cases (i.e., Designated Safeguarding Leads (DSL), Multi-Agency Safeguarding Hub (MASH), social services, Local Authority Designated Officer (LADO), police, specialist services). However, educators were very clear on the boundaries within their role noting that “you don’t tackle it yourself; you get your line manager or the head to tackle” it (P4).

Participants appeared to recognise the important role that they played in the identification of HSB. They emphasised the importance of being objective, drawing on the facts, writing everything down and avoiding leading questions. Participant 9 emphasised the importance of this, noting “seriously we have to write everything down now” – a sentiment that was echoed by the other participants. Participants also understood that it was important to err on the side of caution with respect to HSB and safeguarding. For example:

*...we’ve just learnt never to ignore anything even little to be honest...
we’ve had quite a lot of cases at our school, we’ve not ignored something and it has
been something very little and it’s been referred to social services and the parents are
mouthing off at you, they don’t agree with you and it turns out they’ve been
investigated and there was nothing, but to be honest you would rather refer something
to social services and for it to be investigated and for you to be wrong, than for that
child to be going through something that you don’t know and nobody else is going to
do anything about (P5)*

It appeared that the clear systems in place within school were positively regarded by the participants, with one participant commenting:

...get everything down and pass it on as quickly as possible so that its picked up... which I think works very well really, it certainly gives you the confidence to you know... even something you think 'you know what it's probably nothing, but I'll just put a form in and let somebody else make that decision' (P7)

The senior staff members involved in the study demonstrated a good knowledge of the processes beyond reporting and logging HSB. Specifically, they referenced the Brook Traffic Light Tool, which helps professionals to determine appropriate versus inappropriate sexualised behaviours. Participant 10 considered a current case of HSB that they were managing in their school:

...we have a young gentleman in year two currently who is probably on his third or fourth grey area, so at that stage you think there is probably something a little more substantial here, so it might involve... conversation with the parents around stability... it's all about gaining information and evidence, so class teacher has been very aware we're watching... and of these behaviours, log them and we can have those discussions and make sure parents are informed prior to making sure that the traffic light code has been hit, at that stage then we would seek to have referrals done to social services

However, amongst the participants, there did appear to be a sense that some instances of sexualised behaviour require judgement on the educator's part, in determining whether the behaviour is appropriate or inappropriate. Some participants appeared to be conflicted about this:

...it is interesting in terms of thinking about where the line is, but I think... it's impossible to define it really, well I guess certain things that you look out for might be warning signs, but it is really difficult when you are kind of teaching as well (P2)

The participants also considered responses to HSB in terms of managing the behaviour within a school environment. Some participants were able to consider how real-life cases of HSB had been managed by the school. During the discussion of a case that had occurred many years ago, Participant 9 noted:

I told the head and she just wiped it under the carpet and said 'oh I'll talk to the boys you know I'm sure it wasn't you know anything' and that really shocked me because it was like she didn't treat it as seriously as it was

Despite this, there appeared to be recognition amongst the participants that these sorts of issues were being identified and managed more effectively now, in comparison to years ago. Participant 10 indicated that “as far as the harmful sexual behaviours go, because they are seen as being relatively new, and almost novel... they do get escalated quite quickly”. However, it appeared that incidents involving older children and adolescents could, in some cases, elicit a more punitive approach. Following an incident of HSB within a secondary school, Participant 7 noted:

...there were repercussions... in terms of isolation, exclusions, part of the fixed term exclusions and things like that... and then having to watch that student erm you know, keep him away from erm you know basically from where he sat in class, wasn't allowed to sit with girls

With respect to the fictional vignettes, there appeared to be a consensus in how the participants would manage HSB within the context of the classroom. Generally, the participants intimated that they would stop the behaviour and document the incident immediately. They would then have a conversation with the Designated Safeguarding Lead (DSL) and if appropriate, perhaps the parents or guardians. Participant 2 stated:

I'd have to like politely ask the child what they are doing... and if there is another child involved separate them so one is you know over there, not make a big issue out of it at the time, 'look what you doing this is not what we do don't touch each other go away', nothing like that, stop what they are doing, separate them so it sounds like it's a normal day, go to your desk write down exactly what's happened, what time, who was involved, if anybody else saw it what words were said, okay erm so fact based not opinion based and then obviously before the children leave the premises... fill out the appropriate forms... report it to the DSL and the DSL will either speak to them or whatever she needs to do

Participants working with younger children were adamant that they would not respond to the behaviour by reprimanding the child. There was recognition that “you’re not going to fix this by giving them more negativity” (P3).

Although there was acknowledgment that some cases may require additional input from specialist services, social services or even the police, teaching staff recognised that it was not within their role to contact these agencies; rather, this was something that the DSL would need to consider.

2.3 Measures to guard against HSB. The final subtheme that was highlighted within this overarching theme, related to the measures implemented by schools to guard against

HSB. Some of the participants reflected on the practical measures that they had encountered during their practice, which could guard against incidents of HSB on the school premises. For example, some of the participants spoke about no phone policies being enforced in schools, which could limit cases of “online bullying or potentially sexual behaviour going on within the school day” (P7). Participants also spoke about schools having open toilets or using CCTV in these areas. These measures appeared to be particularly relevant to secondary school establishments. However, there was acknowledgment that some measures in primary school establishments could prevent incidents of sexualised behaviour and HSB between pupils. For example, school uniforms being more stringent – i.e., girls being encouraged to wear trousers instead of skirts. Some participants expressed mixed feelings about the use of these sorts of measures – “putting those sorts of measures in place... I guess it would be to kind of prevent things like that happening, but prevention versus privacy really” (P8). It appeared that these practical measures could restrict opportunities for HSB within school environments, but this was not necessarily perceived as a solution to the issue of HSB amongst young people.

Other participants spoke about more systemic measures to prevent against HSB. Participants considered how HSB could be prevented through teaching young people about healthy relationships and about how they can keep themselves and other people safe (i.e., assemblies, PSHE, JIGSAW). A few participants considered how education around these issues could also benefit families and wider communities. Participant 3 was particularly supportive of this approach:

...get the community to buy into this. We use our family support worker and rather than targeting one or two families, she runs a coffee morning and these families support themselves... we know that having a person you can talk to and you can be listened to, it can help people's wellbeing... we are seeing families who have similar

issues supporting each other, giving each other advice. That solves a lot of the problem

Another way that the participants believed HSB could be prevented was through staff training. Participants appeared to recognise how the early identification of sexualised behaviours could prevent the behaviour escalating into HSB. Although every participant had attended the mandatory safeguarding training, many had not participated in any specialist training about HSB. However, one participant was able to comment on the positive impact of specialist training:

...we have been doing some work... that involved me attending the harmful sexual behaviours training which was delivered by the local authority... it was great to meet them in the flesh, great to hear about what happens in their particular referral programme... who might be looking at it and indeed what support might be put in place following such an episode

...it was such a great course I would like to see that course you know basically far better advertised, and I would see a definite need for every primary school DSL in the country to attend such a course. It was the first time I'd heard of the course because I was going digging, looking for it on the back of some of the experiences we have had here...they went through scenarios they talked to us about the Brook Traffic Light System, they talked to us about the referral system... it basically just gave me a full picture of what support is available... it's comforting... it's still nice to know that we can action something ultimately, we are protecting the children but at the same time protecting the school by forwarding these referrals (P10)

It appeared that education for young people and their families, in addition to training for educators working with children and adolescents, were considered to be useful ways to try and prevent HSB.

Theme 3: The etiology of HSB

A third theme in the study, referred to perceptions regarding the origin of HSB. Many of the participants involved in the study appeared to have theories about the development of HSB. Some of them made references to their own observations and experiences with children who had engaged in HSB, but the majority of participants hypothesised about the possible mechanisms underlying these types of behaviours. Within this theme, three subthemes were identified: *Learnt behaviour*, *Innocent curiosity*, and *Inexplicable behaviour*.

3.1 Learnt behaviour. Almost all of the participants attributed the development of HSB to learnt behaviour. It appeared that the participants believed that HSB was likely linked to a child's exposure to an event, or their direct experience of an event. A large proportion of the participants believed sexual or physical abuse to be a significant risk factor in relation to the development of HSB. In fact, some participants were very specific about the link between victimisation and behaviour. For instance, considering that a child may be "being abused to be the abuser" (P9). Many participants referenced incidents occurring within families – involving parents, siblings, and other family members. Participant 3 reflected on the impact of sexual abuse, in relation to the development of HSB:

...most abuse happens with family members; they are people that these children trust... It is very unusual but it happens for a complete stranger to do it, opportunistic people out there but... they are almost easier to deal with because the families are not in denial to a point, they want support. When it is within the family it

is a really difficult thing to turn around and recognise that maybe an older children, or a brother, or an uncle, or a sister are doing that... that's why we've got experts who can talk to children and see what normal behaviours might be displayed, or usual behaviours following a traumatic episode

Participant 9 spoke about a case of HSB that they had come across during their practice, noting that the child was “abused, so it was just behaviour he had learnt”, also noting that “he used to watch a lot of adult stuff”. Other participants spoke about the impact of the internet and pornography, acknowledging that these platforms are easily accessible to young people and inappropriate content is readily available. Many participants noted that “a lot of children are being exposed to stuff they shouldn’t be” (P9). Participant 2 considered how the technological world has contributed to what children “can access... look at and what they can then play out”. Participants recognised that children and adolescents do not have the ability to ‘censor’ inappropriate sexual content and may not be able to differentiate between ‘normal’ and ‘inappropriate’ sexual behaviour. Participant 3 noted that, “we don’t get to police the digital playground; children roaming around, and they are unsupervised and they are coming across things that we didn’t come across... they are exposed to so much.”

3.2 Innocent curiosity. Some participants hypothesised that HSB could start off as an ‘innocent’ behaviour, without any ominous cause. Many of the participants referred to ‘exploratory’ sexual behaviour in younger children and ‘experimental’ behaviour in older children. Participant 3 reflected that “if a child does something that feels nice, they are going to want to keep doing it, that’s not sexually harmful behaviour yet”. The participants noted that, in these cases, the child may not be aware that their behaviour is inappropriate or harmful. Participants spoke about instances of sexualised behaviour in the classroom, which many considered to be a ‘grey area’, towing the line between appropriate and inappropriate.

There was a recognition amongst the participants that children and adolescents were sexually curious beings with Participant 7 acknowledging that, “you can’t pretend that kids aren’t sexually aware”.

3.3 *Inexplicable behaviour.* Participants also understood that HSB may not follow a clear trajectory; rather HSB may have no identifiable cause or may be attributed to a number of undistinguishable causes. Participant 7 noted that in some cases HSB “could come out of the blue”. Considering the profile of young people with these difficulties, they considered, “It’s never the ones you expect... but I guess sometimes it is the ones you expect”. Participant 3 also alluded to the complexity of HSB, noting that “there’s often a complex picture to some of these issues and I think that’s definitely the case with harmful sexual behaviour”.

Theme 4: Perceptions of HSB

The final theme derived from the analysis, encompassed the perceptions held by the participants, and by wider society, regarding HSB. Participants were able to express their own thoughts and concerns about HSB, and hypothesise about the beliefs held by families, communities and other professionals, namely teachers. The subthemes identified within this theme included: *A taboo subject*, *What would people think?* and *Concerns for those engaging in HSB*.

4.1 *A ‘taboo’ subject.* Participants acknowledged that there was a societal reluctance to discuss sexual topics, including sexual abuse and HSB. Some of the participants adopted the term ‘taboo’ when elaborating on this, which has connotations of secrecy and insinuates that the subject is unmentionable or forbidden. There appeared to be some agreement amongst the participants that HSB may be a ‘taboo’ subject, as is not widely spoken about. Participant

8 reflected on this stating, “I suppose stuff like that you try to push out your mind because you dread to think”. Participant 1 further elaborated:

...anything to do with sex has a taboo, people don't like talking about it... particularly in children ... it's not something you know you go and have a conversation with your 5 year old, 'what mum and dad do at night time'

Other participants drew comparisons with portrayals of sexual abuse survivors on television, with Participant 8 stating, “it's actually done something quite good by making something... that's so private or referred to as, sort of, rude behaviour... it's made it talkable... which I think has really helped”. Participants appeared to believe that increased discussion and awareness of HSB could be beneficial to young people engaging in HSB and those affected by it.

4.2 What would people think? Participants were able to consider the wider impact of HSB, taking into consideration the possible reactions of families, communities and professionals. Some participants considered whether a child engaging in HSB would be ‘blamed’ or ‘judged’ by others. Participant 9 noted, “making them feel shame, or guilt, or any of those sort of things, or they are a bad person would be the worst thing to do... but it is tricky because at the same time you want to deter them”. Other participants considered the possible implications for the family of the individual, acknowledging that, “it is the whole family is affected by a thing like this” (P6). Other participants noted:

...it is much easier to blame the individuals, to blame the families... rather than say the reason they are in this position is because the community weren't able to support, and that's going to be over generations that stigma and labels get attached to families (P3)

Participants also considered how other parents may respond to incidents of HSB, with some indicating that tensions between families would likely grow, and some suggesting that children would be encouraged to ‘shun’ the individual engaging in HSB. Participant 5 discussed this in some depth, considering the responses of parents and the wider community:

...they would be telling their kids to stay away from her, one hundred percent... could potentially affect friendships, and other parents, or people in the community, thinking ‘what the hell is going on?’ ... ‘stay away from her, she’s obviously weird or something is going on’ ... maybe a confrontation on the playground between parents because somebody heard something about it, or lots of hearsay

Participants who had intervened with incidents of HSB, noted that the parents had been grateful for the school’s intervention, but appeared to be quite embarrassed. Participant 10 reflected on a case where the parents rejected the school’s intervention:

...despite one child, we felt that was more ingrained in the operation and with more experience, that same family were not happy to take on any extra support, so despite social services looking to do further investigations, those parents were not happy for those investigations to take place, they were happy to keep it all in house which again it raises a flag for us from a safeguarding perspective

The participants themselves demonstrated a sympathetic view towards individuals engaging in HSB. They appeared to think that this view was generally adopted by most individuals working in education. However, they acknowledged that sympathy would likely lessen as a child grew older. Participant 9 stated: “when they are older you feel that, I think people feel that... they should have learnt by now what is appropriate”. Participants also

expressed concerns about how some educators may perceive and respond to cases of HSB. They considered how some teachers may get angry at the child, due to perceiving incidents of HSB to be indicative of poor behaviour.

4.3 Concerns for those engaging in HSB

As previously mentioned, many of the participants in the study expressed their concerns for young people engaging in HSB. Specifically, participants appeared to be worried about how children with these behavioural difficulties may behave as they get older and what they may become exposed to. During a discussion about one of the vignettes, Participant 7 commented, “you’ve got to look at what his next steps are once he’s been exposed to that. For instance, is he in danger of becoming an offender? Is he in danger of being groomed?”. Similarly, Participant 6 asked, “what is she going to turn into?” during a discussion about another vignette. There seemed to be some suggestion by the participants that individuals engaging in HSB may be more likely to sexually offend or engage in problematic behaviours in adulthood.

Discussion

The present study sought to explore perspectives on HSB, in a sample of educators working in mainstream primary and secondary schools in England. The need for research into this area was based on the observation that existing research into HSB was very limited. The rationale behind this study reflected previous research which found that professionals lacked confidence when managing cases of HSB (i.e., Clements et al., 2017). Given the important role of educators, in relation to the identification of cases (i.e., Smith et al., 2013), there appeared to be a clear need to explore the current processes in schools for identifying and responding to HSB. There also appeared to be a need to gain insight into educators’

experiences with and perceptions of HSB, to contribute to the current evidence base (i.e., Clements et al., 2017; Waters, 2019).

The study has been able to cast light on the research question ('What are educators' perspectives on HSB in English schools?') by providing a small group of educators with a voice and allowing them to reflect on their experiences, and explore their knowledge, understanding and perceptions of HSB. Following the implementation of thematic analysis, four key themes were identified: *Awareness of HSB in Education*, *Responses to real-life and fictitious cases*, *The etiology of HSB* and *Perceptions of HSB*. These themes and subthemes will be now be discussed with respect to the existing research and theory, in order to provide a comprehensive overview of the findings.

The first theme, *Awareness of HSB in Education*, considered educators' experiences with HSB, as well as the factors which interfere with how HSB is tackled in schools. Previous studies (i.e., Fyson, 2007; Waters, 2019) have explored some of these issues but have primarily focused on special schools, rather than mainstream educational establishments. Therefore, the research provided a different insight into HSB in this context. Participants varied with respect to their experiences of HSB; participants were not selected based on their experience with HSB, therefore, some of the participants had never encountered this sort of behaviour. However, many participants had witnessed sexualised behaviour in the classroom – particularly primary school staff, who noted exploratory behaviour to be commonplace. A few of the participants had also witnessed incidents which appeared to be consistent with the definition of HSB – describing persistent or unwarranted sexualised behaviours. This provided an up-to-date picture of HSB within a small group of mainstream schools, in the UK. Of the participants that had never encountered HSB, many questioned why this may have been the case for them. A subtheme was derived from these discussions with participants,

pertaining to the hidden nature of HSB. The notion that HSB is well-masked or concealed has been recognised in the wider literature, with Masson (2001) noting that sexual abuse is often hidden, which makes it difficult for researchers to ascertain the extent of the problem. This ties into the subtheme that was later identified within, *Perceptions of HSB*, relating to HSB as a ‘taboo’ subject, which was consistent with Waters (2019) findings. It appears that these negative perceptions of HSB, contribute to issues of underreporting and under-recognition.

Conversations about the role of educators in relation to HSB, led to discussions about the limitations within Education. Participants referred to the overwhelming responsibilities that they were tasked with and reflected on the limited budget that they must rely on to try and tackle these complex issues. Hall (2006) made similar observations about the challenges associated with working with HSB in a group of social workers. Specifically, participants in the study noted that they often needed to take on different roles and did not always feel that they had adequate time to complete their work. The present study would corroborate these findings, suggesting that professionals working with young people – including those engaging in HSB – often feel that their role is quite overwhelming and subject to limitations including time, money and resources. It is likely that understaffing and underfunding within these domains not only impacts on staff morale, but also impacts on the wellbeing of young people, including those affected by HSB; these individuals may go undetected and unsupported, which will further contribute to the extent of the problem.

Researchers in the field of occupational psychology have identified teaching as one of the most stressful social occupations (Papastylianou et al., 2009). Studies have highlighted pressures, including those outlined by participants in the present study (i.e., the ambiguity of the role of a teacher, the lack of resources available to teaching staff; Papastylianou et al., 2009); pressures which appear to be associated with professional burnout syndrome and

negative emotion (Papastylianou et al., 2009). It is possible that the issue of HSB, contributes to the exhaustive list of responsibilities that educators are tasked with, which likely exacerbates staff burnout – particularly when time, money and resources are scarce. Further research has highlighted the link between 'challenging behaviour' (behaviour which interferes with schooling, puts pressure on staff and resources and places the young person and/or others in danger; Harris et al., 1996) and stress amongst staff in special schools, identifying associations with low morale, high turnover and increased absences (Hastings & Remington, 1995). Given that HSB is likely to fall within the definition of 'challenging behaviour', it is possible that direct exposure to HSB may increase stress and induce negative affect in staff members.

The second theme, *Responses to real-life and fictitious cases*, highlighted some of the emotional and practical responses to HSB. Interestingly, it appeared that the emotional response of participants in the study after reading the vignettes, paralleled that of professionals working in close proximity with young people engaging in HSB. Clements and colleagues (2017) noted that many of the professionals in their study experienced anxiety, worry and sadness because of their work with young people engaging in HSB. Research suggests that difficult, traumatic, or sensitive topics are often avoided, because they are associated with distressing thoughts and emotions (Folkman & Lazarus, 1985). Notably, some researchers have hypothesised that educators may be reluctant to discuss taboo subjects such as sexual abuse, due to the painful or shameful associations (Allison-Roan et al., 2014). Given that the sample in this study experienced significant discomfort in response to the fictional vignettes, it is clear to see how real-life exposure to incidents of HSB could negatively impact on an individual's wellbeing. It is likely that other professionals working with young people who are affected by HSB and sexual abuse may experience these difficulties. Vicarious

trauma is clearly evident amongst professionals who are involved in child sexual abuse cases (i.e., Nen et al., 2011), so it is highly probable that cases of HSB elicit a similar emotional reaction.

However, it is important to highlight that avoidance of these issues will only serve to further perpetuate the silence around HSB and sexual abuse (Allison-Roan et al., 2014). On the contrary, increased awareness regarding HSB could increase competency and proficiency in professional groups. Educators, for example, are well-positioned to identify risk factors and incidents of HSB (Briggs, 2012). They are an effective link between families and professional services and can provide education to young people about keeping safe, which may serve as a primary prevention measure (Briggs, 2012). Therefore, it is paramount that any barriers to addressing HSB must be overcome in order to effectively tackle the issue. This notion may support the need for additional support within schools for educators as well as pupils. For instance, it is likely that Designated Safeguarding Leads (DSL) may benefit from specialist supervision to guard against emotional exhaustion. Furthermore, it is likely that increased provisions for pastoral care (i.e., wellbeing officers, educational psychologists etc) would not only enhance student wellbeing but would reduce the pressure on teaching staff to manage safeguarding concerns.

The present study also explored practical responses to HSB, with respect to following protocols and managing incidents in school. Overall, participants appeared to feel confident about how they would respond to incidents of HSB – even if they had never encountered HSB during their practice. This observation was positive given that previous research has identified low levels of confidence within professional groups (i.e., Clements et al., 2017). Findings appeared to be consistent with previous research, which highlighted the importance of clear guidelines in equipping professionals with the knowledge and, subsequently, the confidence

to respond to cases of HSB (Hall, 2006). The participants appeared to be aware of the processes within their establishments in terms of reporting HSB. Participants stated that incidents of HSB were documented and then immediately escalated to the DSL, who determined which external agencies to liaise with. This appeared to corroborate recent research which indicates that schools commonly respond to incidents of HSB by directing interventions towards the individual concerned (Lloyd, 2019). Guidance for educators recommends that cases of HSB are referred to social services or the police, and subsequent interventions focus on the individual themselves, rather than the broader, social context of the behaviour.

However, researchers have emphasised the need for a ‘whole school approach’ in order to tackle HSB (Lloyd, 2019). This systemic approach considers the social context of HSB and targets issues such as sexual aggression amongst young people, by facilitating educational, preventative work in schools (Lloyd, 2019). Positively, there was a recognition of the systemic nature of HSB amongst the participants within the present study – who highlighted the importance of education in schools (i.e., PSHE, JIGSAW, assemblies) to teach young people about healthy relationships and appropriate versus inappropriate behaviour. Participants spoke about their own responses to HSB – one of whom sought specialist support from a charitable organisation, who were able to provide education to staff and pupils. This appeared to be good practice in relation to addressing the issues that contribute to HSB; as Lloyd (2019) highlights, it is important that whole school approaches are adopted, in order to tackle HSB in educational establishments. Participants also spoke positively about the safeguarding training that they participated in on a yearly basis, which appeared to provide them with a basic understanding of peer-on-peer sexual abuse and HSB. However, only one of the participants, a DSL, spoke about their experience of specialist training. This participant

appeared to have found the training valuable and advocated for all DSLs to attend such training. The participant appeared to have taken their own initiative in identifying this training opportunity, which raises questions about the availability of events such as these. It is also noted that the training was only sought out following an incident of HSB involving several pupils, which means that it was a responsive measure, rather than a preventative one. It appears that specialist training for DSLs may better equip schools to respond to cases of HSB and may prevent future incidents.

The third theme, *The etiology of HSB*, allowed participants to hypothesise about the causes of HSB. Generally, participants' thoughts and reflections were quite accurate, and they demonstrated a good understanding of the factors which could contribute to these types of behaviours. One particular cause, which was consistently referenced by participants, was sexual victimisation. As highlighted in the systematic literature review, some individuals who engage in HSB have been sexually abused themselves (McNeish et al., 2018). Notably, Seto and Lalumiere (2010) found that young people engaging in HSB were five times more likely than young people engaging in non-sexual criminal behaviour to have been sexually victimised. Burton and Meezan (2004) theorised that the association between victimisation and HSB may be attributed to Social Learning Theory (Bandura, 1977). They proposed that individuals who are exposed to/or have experienced sexual abuse may process the experience as a learning event and, consequently, use their experience to model their own sexually abusive behaviour.

However, it is noted that some of the participants in the present study appeared to put a very strong emphasis on the link between sexual abuse and HSB – with some referring to the 'sexually abused – sexual abuser' hypothesis. This theory appears to have generated mixed evidence, with some researchers supporting the theory (e.g., Aebi et al., 2015) and

others failing to establish an association between sexual victimisation and sexually abusive behaviour (e.g., Leach et al., 2015). Many researchers point out that many children and adolescents who have been sexually abused do not go on to engage in abusive sexual behaviour themselves (e.g., 95% did not; Ogloff et al., 2012). As noted by the participants in this study, HSB is a complex phenomenon which is not clearly understood – even by academics in the field. Although it is encouraging that participants understood sexual victimisation to be a risk factor for HSB, it is important that individuals working with young people also recognise that HSB can occur without sexual victimisation. Given that many participants identified HSB as a red flag to possible safeguarding concerns (i.e., abuse, neglect etc), there may be scope for educators to participate in further training to learn more about other risk factors for HSB. For example, very few participants considered how HSB could be associated with a learning difficulty or social impairment. In these cases, effective school responses may involve specialist intervention by a Special Educational Needs Coordinator (SENCO). Additionally, it appeared that participants were uncertain about how to address behaviour in cases where the young person engaging in HSB was at risk of harming themselves (rather than a peer) – aside from simply stopping the behaviour. Thus, further staff training, beyond a sexual victimisation and safeguarding standpoint, may be beneficial in order to capture the range of behaviours that can occur within this group (Almond et al., 2006).

Participants in the present study also considered the role of the internet with respect to HSB. They considered incidents of technology-assisted HSB – where young people had accessed pornography or inappropriate sexual content using communication devices (Hollis and Belton, 2017). In fact, some participants highlighted policies that had been introduced in their school which they believed would prevent incidents of HSB on the school premises (i.e.,

no phone policy). The link between exposure to explicit, sexual content and HSB has been referenced in the research; a meta-analysis conducted by Wright and colleagues (2016) noted the link between pornography and sexual aggression in young people. Researchers, Burton and Meezan (2004) considered learning and imitation with respect to pornography. They speculated that, within the context of sexually abusive behaviour, exposure to pornography may result in the development of cognitive distortions around sexual acts and sexual partners. This hypothesis appears to have been upheld by many of the participants in the present study, who acknowledged the impressionable nature of young minds. Although educators have little control over the type of content that young people access outside of school, they do play a role in educating students about healthy relationships and keeping safe. They are also well placed to advise parents about issues relating to HSB (e.g., technology assisted HSB, sexting etc).

The final theme, *Perceptions of HSB*, related to the participants' perceptions of HSB, as well as their thoughts around others' perceptions of HSB. Participants recognised the 'taboo' surrounding sexual behaviour – specifically in relation to sexual abuse and HSB. They also considered the stigma surrounding individuals who engage in HSB and their associates. The participants generally reported concern for young people engaging in HSB, rather than explicitly condemning or judging the behaviour. However, some participants did express concerns about how these individuals would behave in later life – with some querying whether these individuals would become sexual offenders in adulthood. This particular notion has been challenged by most researchers in the field, who highlight that the vast majority of young people engaging in HSB will not become sexual offenders. For example, Nisbet and colleagues (2004) found that only 9% of adolescents, who had previously engaged in HSB, went on to commit sexual offences in adulthood. It is possible that misconceptions about the

trajectory of HSB may fuel fear and anxiety, which may, in turn, negatively affect young people who have engaged in HSB. Professional groups should be aware that young people engaging in HSB are unlikely to pose any further risk to the public with the appropriate support (Barnardo's, 2016). It is also important that they also recognise the detrimental impact of labelling a child or adolescent as a 'sex offender' (Barnardo's, 2016).

Although participants generally believed that professionals would have more sympathy towards young people engaging in HSB, they were more sceptical about how individuals in the community would perceive and respond to this kind of behaviour. Participants reflected on the consequences of stigmatisation for the young person (i.e., being ostracised, feeling ashamed) and their family (i.e., being confronted, feeling embarrassed). Other researchers have explored the negative perceptions that communities hold towards young people engaging in HSB and their families. Hackett and colleagues (2015) found that children as young as 11 years of age had received negative responses from their communities following incidents of HSB, with some individuals being subjected to vigilante action after being exposed. Some of the consequences in real-life cases of HSB, included placement in local authority accommodation due to safety concerns, retaliation and physical assault and removal from school. The study also highlighted instances of 'courtesy stigma' whereby family members and individuals linked to a young person, also received negative attention from the community. The authors indicated that several families had been forced out of their homes, threatened, and subjected to violence. Participants in the present study appeared to recognise how communities could react to incidents of HSB and were also mindful of how these responses could lead to negative outcomes for the child concerned.

Strengths and limitations

The qualitative methodology was a significant strength of the study, as it allowed for a thoughtful yet rigorous exploration of the subject matter, which would not have been accurately captured by quantitative methods. However, there were some limitations associated with the study design, which must be addressed to ensure transparency and caution when interpreting the findings.

The findings of the study are based on interviews with a small group of educators ($n = 10$), working at primary and secondary schools in England. Although the study never sought to make assumptions about all educators - rather it aimed to explore the perspectives of those included in the study - one should be cautious about the generalisability of the findings. The sample of this study only represents a fraction of educators working into UK schools, and it is likely that not all views and perspectives have been represented in the study. Furthermore, the inclusion of primary and secondary school staff may have further impeded on the generalisability of the findings; it was apparent that experiences of and responses to HSB were often different in primary and secondary school establishments. On reflection, it may have been useful to have distinguished between the two educational contexts and explored each one in isolation, rather than accumulating the findings and making them applicable to both primary and secondary school settings. It is also noted that three of the participants in the study worked at a secondary school, which meant that much of the data was guided by the remaining participants who worked at primary school establishments ($n = 7$). Therefore, it is likely that the results were more representative of primary school educators.

Another limitation with respect to this study was the type of data that was used, i.e., self-report. The data that was generated from the interviews relied on participants' responses

in the here and now, which may have been confounded by extraneous factors. These may have included: the participant's emotional state, or memory, at the time of the interview, the environment in which the interview was facilitated (e.g., at home or at work), as well as issues pertaining to social desirability. As many of the participants were recruited through their place of work and needed permission from a senior member of staff in order to participate in the study, it is possible that participants felt the need to approach their interview with professionalism, rather than perceiving it as an opportunity to be open and honest. Given the nature of the topic, it is also possible that the participants were affected by sensitivity bias. As noted by Isaqzadeh and colleagues (2020), sensitivity biases are particularly prominent when conducting research about taboo or intrusive topics. This is due to participants feeling uncomfortable about the nature of the subject – a feeling that many of the participants referred to when they were discussing the vignettes. It is possible that this bias affected the participants' responses on some occasions. However, it is noted that the participants did demonstrate insight into their own discomfort, which indicates that they were thoughtful and reflective about their emotional experience.

Implications and future research

This study has highlighted areas of strength within education in identifying and responding to HSB in mainstream schools. The educators in the study appeared to demonstrate a good knowledge of the processes for handling incidents of HSB in the classroom, despite many not having first-hand experience with this sort of behaviour. However, many participants commented on the hidden nature of HSB, which often makes it difficult to identify cases. They appeared to recognise that incidents were likely occurring without detection, which means that some young people may not be accessing the support that they need. The observations from this study appear to support the notion that a more systemic

approach is needed to tackle issues around HSB (Lloyd, 2019). As noted by McKibbin (2017), if schools are not providing education to teach children about respectful relationships or sexual behaviour, young people may not have the insight or the language to report that they are behaving abusively towards others or themselves, or experiencing sexual abuse from others. Sexual aggression appears to be normalised amongst young people, which likely perpetuates the issue of HSB (Fineran & Bennett, 1998; Stanko, 1985). In UK schools, male and female pupils have been found to have differing perceptions of sexual relationships - with girls associating sexual acts with love, and boys perceiving sex to be a physical conquest, devoid of intimacy (Green & Masson, 2002). Researchers note that these perceptions make girls vulnerable to sexual exploitation and predispose boys to HSB (Green & Masson, 2002). Without education, it is likely that these issues will continue to perpetuate the problem of HSB.

Participants in the study highlighted the positive benefit of the fictional vignettes, in encouraging them to reflect on how they would respond to fictional cases of HSB. Given, the ‘taboo’ surrounding HSB, it is likely that discussions about these issues are avoided due to the discomfort associated with these types of behaviour. Therefore, it is recommended that educators working with young people take the opportunity to consider their responses to HSB, to increase their confidence in managing incidents of HSB and to prevent them from shying away from, what is considered by many to be, a ‘taboo’ subject. Over the years, it appears that educators have become increasingly more aware of HSB, which appears to correlate with the increased competency of professionals to respond to cases. One participant noted that a previous incident of HSB had been “wiped... under the carpet” many years ago, with another participant noting that today issues of HSB are “escalated quite quickly”. Although it does appear that there have been positive changes within education in the last decade, it appears

that professionals are still reluctant to discuss sensitive matters – including HSB. This was evident in the difficulties in recruiting participants for this study – with one educator describing HSB as a ‘repellent’ topic. Although the conversation has started, more discussions are needed in relation to HSB, to ensure that professionals are doing as much as they can to protect children and adolescents from harm. This recommendation does not just relate to professionals working in education, but also to social workers, healthcare workers and other agencies who work with young people.

The present study advocates for the specialist training of all Designated Safeguarding Leads (DSLs). This will ensure that all mainstream schools are sufficiently equipped to manage cases of HSB, regardless of whether staff have previously encountered an incident of HSB. It appears that responses to HSB are generally reactive, however it is important that professionals take a more proactive stance to prevent incidents from occurring and to manage cases more effectively. Additionally, it is recommended that DSLs and other professionals working closely with young people engaging in HSB are offered support and supervision, should they need it. This is due to the occupational risk of vicarious trauma, emotional exhaustion and burnout. It is also recommended that senior staff members (i.e., headteachers, deputy headteachers etc) do more to make parents aware of issues relating to HSB (i.e., technology assisted HSB, sexting etc). This may be facilitated by liaising with parent councils or by distributing newsletters to parents, educating them about how they can keep their children safe and who they can contact if they have concerns about their child’s behaviour. Although it is not recommended that teaching staff access specialist training on HSB (due to time, money and the nature of their role), it does appear that they would benefit from further guidance on the risk factors associated with HSB. This recommendation is linked to the observation that many educators view HSB as a safeguarding concern; however, young

people engaging in HSB are not a homogenous group and their behaviour cannot always be attributed to abuse and neglect. Therefore, it may be beneficial for educators to access additional training on HSB – perhaps via an online format, or as an optional workshop – and/or be provided with resources which highlight key points about HSB (i.e., misconceptions, facts, statistics). Additional training and resources may provide teaching staff with a better understanding of HSB, thus helping them to respond to incidents of sexualised behaviour and HSB more appropriately.

Based on the findings of this study, the need for further research focusing on HSB in secondary school establishments is recommended. Most of the participants in this study ($n = 7$) worked at primary school establishments; as such, it may be beneficial for researchers to further examine the occurrence of HSB in secondary school establishments. This may provide insight into the broader societal issues underpinning HSB, such as the normalisation of sexual aggression amongst young people (Fineran & Bennett, 1998; Stanko, 1985). It may be useful for future researchers to initiate conversations with educators and students alike, to provide a comprehensive picture of HSB in UK schools. This research may have implications for policy, in terms of managing HSB, and may also guide preventative strategies which may guard against HSB in this context

Conclusion

The present study has explored educators' perspectives on HSB and contributed to the current evidence base. The findings have provided an insight into HSB within UK schools, which hints at the extent of the problem. Furthermore, the study has documented educators' responses to real life, as well as fictional, cases, making references to emotional reactions, policies, and management strategies. Although educators in this study did demonstrate a good understanding of how they would respond to incidents of HSB, it does appear that training

opportunities for staff, and preventative measures for addressing HSB in schools are currently limited. Like other professionals working with children and adolescents engaging in HSB, educators were negatively affected by the fictional vignettes that they were exposed to, which highlights the discomfort associated with this topic amongst professionals. This discomfort appears to parallel the wider ‘taboo’ towards the subject, within society. Although educators do appear to have amassed more knowledge about HSB in recent years, there are still significant barriers within Education in identifying cases (i.e., understaffed schools, hidden nature of HSB) and, thus, protecting children. The study has considered the importance of learning experiences with respect to the development of HSB and it is clear that education plays a crucial role in preventing these behaviours. Given that young minds are constantly growing and developing, it makes sense for education to be at the forefront with respect to tackling HSB. It is hoped that this piece of research has made a contribution to a discussion which needs to continue beyond this study. Future research into HSB will require input from a whole host of professionals as well as communities across the UK, to ensure that both individual and systemic issues are being addressed.

CHAPTER FIVE

Discussion

Discussion

Aim(s) of thesis

As indicated in the title ('Harmful Sexual Behaviour: Professional Perspectives and Risk Factors'), this thesis aimed to explore professional perspectives on HSB and consider the risk factors and risk assessment measures which are relevant to this population of young people. This aim has been achieved through the commission of four chapters – the findings of which will be detailed in this final chapter.

Each chapter of this thesis had a distinct aim. Chapter one aimed to contextualise the subsequent chapters, by providing an overview to the field of HSB. This chapter reflected on the infancy of academic study in this area – which had only received attention in recent decades (Staiger et al., 2005; Veneziano et al., 2000). This chapter also referenced recent research findings which highlighted the extent of the problem in the UK (i.e., Erooga & Masson, 2006; Hackett, 2004; Radford et al., 2011; Vizard et al., 2007). These studies emphasised the need for further research on the topic of HSB, providing a rationale for the chapters that followed.

The aims of the subsequent chapters are summarised for the purpose of clarity. Chapter two of the thesis presented the findings of a systematic literature review. The review aimed to explore the Adverse Childhood Experiences (ACEs) of children and adolescents who had engaged in HSB. Chapter three outlined a critique of a psychometric risk assessment measure, the J-SOAP-II (Prentky & Righthand, 2003); specifically, this critique aimed to examine the psychometric properties of the J-SOAP-II, to guide its use as a sexual and non-sexual risk assessment tool. Chapter four of the thesis detailed a research project which aimed to explore educators' perspectives on HSB, by reviewing their experiences, knowledge,

training and perceptions on the subject. The aim of the final and present chapter, chapter five, therefore, was to compile the findings of the previous chapters into one cohesive summary.

Summary of findings

Chapter two

The systematic literature review examined the ACEs of young people engaging in HSB. Following the systematic search of the literature, application of the inclusion and exclusion criteria and quality assessment phase, 13 papers remained (Aebi et al., 2015; Cale & Lussier, 2017; Davis & Knight, 2019; Dennison & Leclerc, 2011; Hall et al., 2017; Hawkes, 2011; Hickey et al., 2008; Lightfoot & Evans, 2000; McMackin et al., 2002; Merrick et al., 2008; Roe-Sepowitz & Krysik, 2008; Tarren-Sweeney, 2008; Tidefors & Skillback, 2014) – the findings of which were synthesised, interpreted and presented.

Many of the studies in the review explored the relationship between sexual victimisation and HSB (Aebi et al., 2015; Cale & Lussier, 2017; Davis & Knight, 2019; Dennison & Leclerc, 2011; Hall et al., 2017; Hawkes, 2011; Hickey et al., 2008; Lightfoot & Evans, 2000; McMackin et al., 2002; Roe-Sepowitz & Krysik, 2008; Tarren-Sweeney, 2008; Tidefors & Skillback, 2014). Sexual abuse emerged as a significant risk factor in relation to the development of HSB. Overall, it appeared that in cases where there was sexual abuse history, HSB was associated with contact sexual abuse (Aebi et al., 2015; Hawkes, 2011; Hickey et al., 2008; Tarren-Sweeney, 2008; Tidefors & Skillback, 2014). Non-contact sexual abuse (Tarren-Sweeney, 2008) and exposure to sexual abuse (Hickey et al., 2008) appeared to be less significant factors in relation to the development of HSB. Conclusions made following the review supported the hypothesis that HSB could be understood within the context of emulation and imitation. Although the studies included in the review did examine other

ACEs, there was more variability between these papers regarding how these factors contributed to HSB. It appeared that many young people engaging in HSB had experienced adversities, however, the link between these factors and perpetration of HSB was unclear. The mixed findings across the publications reinforced the need for further investigation of these factors.

The systematic literature review provided a snapshot of key research, which emphasised the significance of ACEs in relation to the development of HSB – most notably, sexual abuse. The findings highlighted the importance of addressing trauma within this population and endorsed early intervention, to reduce risk of escalation or entrenchment (HM Inspectorate of Probation et al., 2013). Additional implications advocated for preventative measures for reducing the risk of HSB, by targeting high risk families where children are at risk of being exposed to adversities, such as those outlined in the review (Allardyce et al., 2017). This was based on the notion that ACEs appear to increase risk of HSB, therefore, HSB may be prevented by addressing ACEs. Recommendations for future research reinforced the need for investigation of ACEs other than sexual victimisation – including physical abuse, emotional abuse, neglect and family disruption. There also appeared to be a rationale for exploration of protective factors – which may reduce the risk of HSB. Although the studies included in the review did contribute to academic understanding concerning the development of HSB, it was suggested that further research would firm up tentative hypotheses and enhance the existing research field.

Chapter three

The critique of a psychometric measure examined the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II, Prentky & Righthand, 2003). This measure was selected

because it is one of the most widely used measures for assessing risk of sexual and non-sexual recidivism amongst young males (Gotch & Hanson, 2016). Given the J-SOAP-II's use in practice, it seemed apt to examine the measure's psychometric properties to determine its efficacy as a risk assessment measure.

The critique investigated the validity and reliability of the measure. Findings indicated that the reliability of the J-SOAP-II varied depending on which scales were being examined. Some of the scales consistently demonstrated good levels of interrater reliability and internal consistency (2 and 3), whereas other scales did not (1 and 4). Despite the J-SOAP-II demonstrating good face validity, the measure did not consistently perform when examined using more objective measures of validity. This was particularly evident when predictive validity was assessed; although some researchers found that the J-SOAP-II could predict recidivism (Martinez et al., 2007; Prentky, 2006; Prentky et al., 2010; Rajlic & Gretton, 2010), others were unable to reach this conclusion (Caldwell et al., 2008; Chu et al., 2012; McCoy, 2007; Parks & Bard, 2006; Viljoen et al., 2008) which casts doubt on the J-SOAP-II's current use in practice. Given that important and, often, lifechanging decisions are made based on risk assessment outcomes, inaccurate assessments could have “profound” consequences for the subject of the assessment and may have implications for wider society (Prentky & Righthand, 2003, p. 1). The critique emphasised the importance of practitioners understanding the limitations of the measure and encouraged those using the J-SOAP-II to use it concurrently with additional risk assessment tools, rather than relying on the J-SOAP-II in isolation.

Chapter four

The research project titled, ‘Educators’ Perspectives on Harmful Sexual Behaviour: A Qualitative Study’, explored the research question – ‘what are educators’ perspectives on HSB in English schools?’. Interviews were facilitated with 10 educators and a thematic analysis was conducted which elicited four key themes: *Awareness of HSB within education*; *Responses to fictitious and real-life cases*; *The etiology of HSB*; and *Perceptions of HSB*.

Participants’ self-reported experiences with HSB hinted at the nature and extent of HSB within UK schools. Although HSB was reported to be relatively rare within mainstream education, it appeared that sexualised behaviours were common amongst young children. Participants with no experience of HSB, acknowledged that cases of HSB and sexual abuse may be hidden from view, recognising that it was likely that these behaviours were going on undetected. Educators expressed frustration at the overwhelming nature of their role and the limited resources and budget that they have to tackle complex issues, including HSB. There was a general perception that HSB was a ‘taboo’ subject – which was consistent with the research (Waters, 2019). Participants expressed personal concerns for individuals engaging with HSB and hypothesised about negative community responses to HSB (i.e., confrontation, ostracism). Participant responses corroborated the existing research concerning community reactions to cases of HSB (Hackett et al., 2015). Despite participants expressing sympathy for young people affected by HSB, many experienced a negative emotional response to the fictional vignettes. Again, this observation appeared to align with the wider research concerning professionals’ reactions to HSB (Clements et al., 2017).

Participants recognised how they would respond to incidents of HSB in the classroom and appeared to be clear on the expectations of their role. Generally, responses to HSB – in

real-life and fictional cases – involved the management of the individual engaging in HSB. However, some participants also considered the importance of a systemic approach to tackling HSB in educational contexts. In real life cases, it appeared that systemic measures had only been implemented following incidents of HSB, rather than serving a preventative function. Although all participants in the study had learnt about HSB through mandatory safeguarding training, only one participant, a DSL, spoke about attending specialist training. Interestingly, this participant advocated for the specialist training of all DSLs. The participants generally understood the etiological factors which may contribute to the development of HSB, with most referencing sexual victimisation. Although some participants overemphasised the relationship between sexual abuse and HSB, others recognised that HSB was not always an indicator of sexual abuse; rather, HSB could start off as an ‘innocent’ behaviour, have no clear cause, or be attributed to multiple complex causes.

Overall, the study highlighted strengths within the sample in terms of knowing how to identify and respond to HSB within a school environment. Although many participants had not had direct experience of HSB, all of the participants appeared to understand the protocol of how to manage HSB. However, it was apparent that training opportunities relating to HSB and the use of systemic, preventative measures were limited. Furthermore, the study did highlight the ‘taboo’ nature of HSB and the societal discomfort with the topic. This was even true of the participants who generally appeared to be sympathetic towards the young people engaging in HSB. Conclusions drawn from the study emphasised the need for further training for educators and more systemic approaches within schools to address the issue of HSB.

Implications for practice

The findings of this thesis may benefit professionals who work closely with young people – especially those working with individuals who are affected by HSB (e.g., perpetrators, victims). This may include educators, social workers, therapists, and healthcare workers amongst others. However, the findings may also interest academics and specialists in the field, as well as families and communities affected by HSB. The implications of the thesis chapters have been summarised below:

- The findings of the systematic literature review confirmed that many young people engaging in HSB have experienced trauma and adversity, with sexual victimisation emerging as a significant factor. All professionals working with young people should be aware of these issues and recognise that young people engaging in HSB may be victims themselves.
- Professionals should also be aware that children and adolescents engaging in HSB may need specialist support to address their trauma histories; it is noted that trauma-informed therapeutic interventions and holistic approaches may be appropriate within this population, rather than criminal prosecution (O'Brien, 2010).
- Given the findings of the empirical project – pertaining to the negative perceptions of HSB – it is possible that some agencies, professionals, or communities may respond punitively to incidents of HSB. This finding endorses the need for training within relevant services (i.e., schools, local authorities, hospitals etc) which identifies and challenges negative perceptions and enhances professionals' understanding of HSB.

- The findings of the study also highlighted the need for a more systemic approach within Education which reaches into wider communities. For example, educating young people about safe sex and healthy relationships and distributing information about HSB to parents and guardians.
- It appears that there is a need for further training and support for DSLs in educational institutions. It is likely that all DSLs will benefit from specialist training, which may help them to effectively respond to cases of HSB. As HSB is likely to have an emotional impact on professionals, it is likely that DSLs would also benefit from regular supervision.
- It is also likely that educators would benefit from training around identifying and responding to HSB (i.e., discussing fictional vignettes) to develop their skills. It may be useful to equip staff with relevant resources – such as the Brook Traffic Light Tool (2015) – to support their practice.
- There are additional implications for professionals who are currently using the J-SOAP-II; any professionals currently using this tool to assess risk should be cautious about the outcomes of this assessment, given the inconsistent findings regarding the measure's predictive validity.

Recommendations for future research

The present thesis identified gaps in the evidence-base which may require further exploration. Firstly, it is recommended that future research focuses on HSB in secondary school establishments – given that there appears to be a normalisation of sexual aggression amongst adolescents (Fineran & Bennett, 1998; Stanko, 1985). Further research may aim to capture the experiences of both professionals and young people – including those who may have engaged in, or been affected by, HSB. It is likely that research into the systemic nature

of HSB will have implications for how young people are educated about issues relating to sex, relationships and keeping safe. Given the issues identified with respect to the J-SOAP-II, it is also recommended that subsequent researchers seek to further explore the psychometric properties of the J-SOAP-II, in addition to newer risk assessment measures, such as the ERASOR 2.0 (Worling & Curwen, 2001) – a tool that currently lacks empirical testing.

Strengths and limitations

The present thesis has made a substantial contribution to the field of HSB, by casting light on key research findings and examining a widely used risk assessment tool. Additionally, the commission of an empirical research project further guided academic insight into HSB. Although another study (Waters, 2019) has considered educators' experiences of HSB, the present study was novel as it focused entirely on experiences within mainstream education (as opposed to specialist education). The data analysis generated rich, qualitative findings which illuminated the research question concerning educators' perspectives on HSB. The study identified strengths within mainstream education, but also considered ways that educators could further support children and adolescents engaging in HSB and protect other young people affected by HSB.

Despite the present thesis having significant merit, it was not without limitations. Firstly, it is possible that the methodological choices made during systematic literature review restricted the overall findings. The inclusion criterion of the review was extremely specific, which meant that some seemingly relevant studies had to be excluded from the analysis. It is possible that the findings of these studies may have furthered the results of the review if included and, as such, it may have been detrimental to have excluded them. In addition, it is noted that only publications that were written in, or were accessible in, the English language

were included in the review; therefore, it is possible that this was also a limiting factor. There were further differences between the researchers' conceptualisation of the behaviour in question, with some authors referring to minor cases of HSB (i.e., making sexual comments) and others referencing extreme cases (i.e., sexual assault). Although the inclusion of studies depicting all types of HSB was intended to provide a more comprehensive exploration of the subject matter, it is possible that the findings of the review may have been more applicable to specific types of HSB. For example, many of the publications included in the review referred to more severe incidents of HSB (i.e., sexual assault), so it is possible that the findings are more relevant to this population of young people.

It is possible that the research project was also impacted by its' methodology – namely the small sample size ($n = 10$), in addition to the type of data that was elicited from the interviews (self-report). It is possible that the results were not representative of other educators – rather they reflected the perspectives of a small and distinct group of educators, whose views, perceptions, and experiences were entirely novel. If this were the case, it would limit the generalisability of the results and the conclusions generated from these. It is also possible, given the sensitive nature of the topic, that some of the responses that participants provided were subject to social desirability. This would have a direct impact on the accuracy of the data and subsequently, confound the results of the study.

Conclusions

Nearly thirty years ago, the National Children's Home (NCH, 1992) published a report about young people who sexually abuse their peers (Smith et al., 2013). Since this time, researchers have attempted to explore the issue of HSB, with an aim to help improve the lives of young people affected by these behaviours. This thesis has contributed to the evidence base

surrounding HSB in a number of ways: by illuminating academic understanding regarding the etiology of HSB; by reviewing recent literature; by critiquing a widely used risk assessment measure (J-SOAP-II, Prentky & Righthand, 2003); and by providing an insight into HSB within educational contexts through the commission of a study which explored educators' views and experiences. Overall, this thesis has contributed to the evidence base concerning HSB, through exploration of existing research and consideration of professional issues. The findings support further exploration of HSB within academia and advocate for 1) more training and educational opportunities for professionals working with young people, and 2) more systematic approaches to be implemented in services for young people to educate them about HSB. This is with the view that these measures may reduce incidents of HSB and prevent victimisation through sexual abuse.

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Appendices

Appendix A – Inclusion/Exclusion Criteria Form

Inclusion Criteria:	Publication Suitability	Comments
Does the publication study harmful sexual behaviour? (may vary in severity, i.e., using inappropriate sexual language to sexual offending)		
Does the publication study participants who were younger than 18 when they engaged in the behaviour?		
Does the publication sufficiently explore the concept of childhood adversity? (i.e., neglect, abuse, trauma)		
Include publication:	Yes	No

Appendix B – Database Searches

Web of Science – Social Science Citation Index Database

Limits: English language and between 2000-2020

Subjects: Psychology Clinical and Psychology Developmental

Search:

1. (TI=(Abus* OR child* abus* OR sex* abus* OR physical* abus* OR emotion* abus* OR psych* abus* OR victim* OR maltreat* OR neglect* OR advers* OR trauma*))
2. (TI=(Child* OR adolescen* OR teen* OR juvenile* OR girl* OR boy* OR minor* OR young* OR school-age*))
3. (TI=(Harmful sexual behaviour* OR sexually harmful behaviour* OR sex* aggress* OR sexually abusive OR sexually coerc* OR sexual perpetr* OR sex* offen*))
4. 1 AND 2 AND 3

= 98

Social Policy and Practice

Limits: English language and between 2000-2020

Search:

1. (Harmful sexual behaviour or harmful sexual behavior or sexually harmful behaviour or sexually harmful behavior or sex* aggress* child* or sex* aggress* adolescen* or sex* aggress* juvenile* or sexually abusive child or sexually abusive adolescen* or sexually abusive juvenile*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]
2. (Child* abus* or sex* abus* physical* abus* or emotion* abus* or psych* abus* or victimisation or victimization or maltreat* or neglect* or advers* or trauma*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]
3. 1 AND 2

= 168

EMBASE

Limits: English language and between 2000-2020

Search:

4. (Harmful sexual behaviour or harmful sexual behavior or sexually harmful behaviour or sexually harmful behavior or sex* aggress* child* or sex* aggress* adolescen* or sex* aggress* juvenile* or sexually abusive child or sexually abusive adolescen* or sexually abusive juvenile*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

5. (Child* abus* or sex* abus* physical* abus* or emotion* abus* or psych* abus* or victimisation or victimization or maltreat* or neglect* or advers* or trauma*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

6. 1 AND 2

= 12

PsycINFO

Limits: English language and between 2000-2020

Search:

7. (Harmful sexual behaviour or harmful sexual behavior or sexually harmful behaviour or sexually harmful behavior or sex* aggress* child* or sex* aggress* adolescen* or sex* aggress* juvenile* or sexually abusive child or sexually abusive adolescen* or sexually abusive juvenile*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

8. (Child* abus* or sex* abus* physical* abus* or emotion* abus* or psych* abus* or victimisation or victimization or maltreat* or neglect* or advers* or trauma*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

9. 1 AND 2

= 38

OVIDMEDLINE(R)

Limits: English language and between 2000-2020

Search:

1. (Harmful sexual behaviour or harmful sexual behavior or sexually harmful behaviour or sexually harmful behavior or sex* aggress* child* or sex* aggress* adolescen* or sex* aggress* juvenile* or sexually abusive child or sexually abusive adolescen* or sexually abusive juvenile*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

2. (Child* abus* or sex* abus* physical* abus* or emotion* abus* or psych* abus* or victimisation or victimization or maltreat* or neglect* or advers* or trauma*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]

3. 1 AND 2

= 7

Search total = 323

After duplicates removed = 276

Appendix C – Exclusion/Inclusion Table

Author/Publication:	Inclusion/Exclusion:	Comments:
Search Results		
Leibowitz, Laser & Burton (2011) Exploring the relationships between dissociation, victimization, and juvenile sexual offending.	Excluded	Sample included participants who were up to 20 years old which did not satisfy the inclusion criteria.
Bramsen, Lasgaard, Koss, Elklit & Banner (2014) Investigating the effect of child maltreatment on early adolescent peer-on-peer sexual aggression: Testing a multiple mediator model in a non-incarcerated sample of Danish adolescents.	Excluded	The study examined a number of irrelevant mediating factors including: early sexual onset, number of sexual partners, impersonal sex, peer influence, insecure-hostile masculinity, controlling-hostile masculinity, and rape attitudes.
Barra, Bessler, Landolt & Aebi (2017) Type and Timing of Maltreatment Influence Criminal Persistence in Sexually Abusive Adolescents.	Excluded	Initially appeared to meet inclusion criterion. However, sample included participants who were 18/19 (thus excluded).
Roe-Sepowitz, & Krysik (2008) Examining the sexual offenses of female juveniles: the relevance of childhood maltreatment.	Included	Sample included participants up to 17 years of age which satisfied the inclusion criteria. Maltreatment was explored which was relevant to the review topic.
Tarren-Sweeney (2008) Predictors of problematic sexual behavior among children with complex maltreatment histories.	Included	Sample included participants who were preadolescents (younger than 18) which satisfied the inclusion criteria for the review. The study explored maltreatment which was relevant of the review.
Hickey, McCrory, Farmer & Vizard (2008)	Included	Sample consisted of participants who were under 18 when they first engaged in sexually abusive behaviour. This satisfied the

Comparing the developmental and behavioral characteristics of female and male juveniles who present with sexually abusive behaviour.		inclusion criteria. Furthermore, the study explored maltreatment and victimisation which were relevant to the review.
Merrick, Litrownik, Everson & Cox (2008) Beyond sexual abuse: the impact of other maltreatment experiences on sexualized behaviors.	Included	Sample included participants under 18 years of age which satisfied the inclusion criteria. Furthermore, the study explored maltreatment which was relevant to the review. Sexualised behaviour was also consistent with sexual behaviour problems.
Zakireh, Ronis, & Knight (2008) Individual beliefs, attitudes, and victimization histories of male juvenile sexual offenders.	Excluded	The study focused on beliefs and attitudes of juvenile sex offenders which were not relevant to the review and age range was 13 - 19.
Casey, Beadnell & Lindhorst (2009) Predictors of sexually coercive behavior in a nationally representative sample of adolescent males.	Excluded	Publication was unobtainable. Abstract of publication suggested that participants were adults which would not have satisfied the inclusion criteria.
Grabell & Knight (2009) Examining childhood abuse patterns and sensitive periods in juvenile sexual offenders.	Excluded	Sample included participants who were up to 22 years of age which did not satisfy the inclusion criteria.
Burton, Duty and Leibowitz (2011) Differences between sexually victimized and nonsexually victimized male adolescent sexual abusers: developmental antecedents and behavioral comparisons.	Excluded	Sample included participants who were up to 19 years old which did not satisfy the inclusion criteria.
Hawkes (2011) Description of a UK study of onset of sexually harmful behaviour before the age of ten years in boys referred to a specialist assessment and treatment service.	Included	Sample included participants up to 21 years of age, however, they were under 10 when they sexually harmed. This was consistent with the inclusion criteria. The study explored abuse characteristics which was consistent with the reviews aims.

Leibowitz, Burton & Howard (2012) Part II: differences between sexually victimized and nonsexually victimized male adolescent sexual abusers and delinquent youth: further group comparisons of developmental antecedents and behavioral challenge.	Excluded	Age range was 12 to 20 (18/19/20 consistent with exclusion criteria). Study explored unrelated constructs such as personality and pornography use. Not relevant to the review.
Hackett, Masson, Balfe & Phillips (2013) Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers.	Excluded	Sample included participants who were up to 28 years old which did not satisfy the inclusion criteria.
Phillips & Hackett (2013) A legacy of trauma.	Excluded	Publication appeared to be an e-magazine which would not have been an appropriate type of publication for the review.
Allardyce & Yates (2013) Assessing risk of victim crossover with children and young people who display harmful sexual behaviours.	Excluded	Publication focused on risk and assessment of young people displaying harmful sexual behaviours. This was not relevant to the review topic.
DeLisi, Koslosky, Vaughn, Caudill & Trulson (2014) Does childhood sexual abuse victimization translate into juvenile sexual offending?: new evidence.	Excluded	Publication appeared to include 18-year olds (i.e., 18 at first conviction), thus, failing to meet inclusion criteria.
Curwen, Jenkins & Worling (2014) Differentiating children with and without a history of repeated problematic sexual behavior.	Excluded	Although age and behaviour was consistent with the inclusion criteria, the publication examined too many irrelevant variables, such as group membership, which were not related to the review.
Masson, Hackett, Phillips & Myles (2015) Developmental markers of risk or vulnerability?: young females who sexually abuse a" characteristics, backgrounds, behaviours and outcomes.	Excluded	Age consistent with inclusion criteria (up to 16 years old). However, study was too broad for the review- explored items such as intellectual disability and also followed the participants into later life (when they were adults) which was not consistent with the inclusion criteria.

<p>Tougas, Boisvert, Tourigny, Lemieux, Tremblay & Gagnon (2016)</p> <p>Psychosocial profile of children having participated in an intervention program for their sexual behaviour problems: the predictor role of maltreatment.</p>	Excluded	Publication focused on intervention efficacy based on psychosocial characteristics, rather than adversity. Not relevant to review.
<p>Hall, Stinson & Moser (2017)</p> <p>Impact of Childhood Adversity and Out-of-Home Placement for Male Adolescents Who Have Engaged in Sexually Abusive Behavior.</p>	Included	Sample included participants who were aged up to 17 years of age which satisfied the inclusion criteria. Publication considered adversity and out-of-home-placements which were considered to be a type of adverse experience (evidence of instability or neglect).
<p>Burton (2000)</p> <p>Were adolescent sexual offenders children with sexual behaviour problems?</p>	Excluded	Study does not explore adversity/trauma.
<p>Bovensmann (2006)</p> <p>Multiple traumata in the biographies of male juvenile sex offenders.</p>	Excluded	Study not obtainable in English language.
<p>Zaniewski, Dallos, Stedmon & Welbourne (2019)</p> <p>An exploration of attachment and trauma in young men who have engaged in harmful sexual behaviours.</p>	Excluded	Study is too focused on attachment, less interested in trauma.
<p>Driemeyer, Yoon & Briken (2011)</p> <p>Sexuality, antisocial behaviour, aggressiveness, and victimization juvenile sexual offenders' a literature review.</p>	Excluded	Study is a literature review rather than a study and focuses on unrelated variables.
<p>Balfe, Hackett, Masson & Phillips (2019)</p> <p>The disrupted sociologies of young people with harmful sexual behaviours.</p>	Excluded	It appears that study may have included some 18-year olds.
<p>Yoder, Grady & Dillard (2018)</p>	Excluded	Included 18-year olds in sample.

Maternal caregiving practices and child abuse experiences as developmental antecedents to insecure attachments: differential pathways between adolescents who commit sexual and non-sexual crimes.		
Dillard, Maguire Jack, Showaler, Wolf & Letson (2019) Abuse disclosures of youth with problem sexualised behaviours and trauma symptomology.	Excluded	Included 18-year olds in sample.
Lussier, Chouinard Thivierge, McCuish, Nadeau & Lacerte (2018) Early life adversities and polyvictimization in young persons with sexual behavior problems: a longitudinal study of child protective service referrals.	Excluded	Included 18-year olds in sample.
Brown & Burton (2009) Exploring the Overlap in Male Juvenile Sexual Offending and General Delinquency: Trauma, Alcohol Use, and Masculine Beliefs.	Excluded	Focused on other irrelevant factors (i.e., general delinquency, alcohol use, masculine beliefs) and included 18-year olds.
Aebi, Linhart, Thun-Hohenstein, Bessler, Steinhausen & Plattner (2015) Detained Male Adolescent Offender's Emotional, Physical and Sexual Maltreatment Profiles and Their Associations to Psychiatric Disorders and Criminal Behaviors.	Excluded	About general offending and focused on too many unrelated factors (i.e., psychiatric disorders, criminal behaviours).
Barra, Bessler, Landolt & Aebi (2017) Patterns of adverse childhood experiences in juveniles who sexually offended.	Excluded	Included 18-year olds – consistent with exclusion criteria.
Marini. Leibowitz, Burton & Stickle (2013)	Excluded	Age range average was 16.6 but did not specify age range – so may have included 18-year-old participants.

Victimization, Substance Use, and Sexual Aggression in Male Adolescent Sexual Offenders.		Study also explored unrelated variable- substance use.
Ugur, Duman & Gukan (2013) A 9-year old boy as a sexual abuse victim and offender.	Excluded	Article was not obtainable.
Davis & Knight (2019) The Relation of Childhood Abuse Experiences to Problematic Sexual Behaviors in Male Youths Who Have Sexually Offended.	Included	All index offences committed prior to the age of 18 – which is consistent with the inclusion criteria.
Hummel, Thomke, Oldenburger & Specht (2000) Male adolescent sex offenders against children: similarities and differences between those offenders with and those without a history of sexual abuse.	Excluded	Included participants up to 20-years old.
Morais, Alexander, Fix & Burkhart (2018) Childhood Sexual Abuse in Adolescents Adjudicated for Sexual Offenses: Mental Health Consequences and Sexual Offending Behaviors.	Excluded	Unclear age and too many unrelated factors (i.e., mental health).
Hunter & Figueredo (2000) The influence of personality and history of sexual victimization in the prediction of juvenile perpetrated child molestation.	Excluded	Study appeared to focus too much on personality features.
Burton (2008) An Exploratory Evaluation of the Contribution of Personality and Childhood Sexual Victimization to the Development of Sexually Abusive Behavior.	Excluded	Included participants that were 18-years old.
<p style="text-align: center;">Additional Search (i.e., searching outside of databases, reference list)</p>		
Dennison & Leclerc (2011)	Included	Sample included participants who were up to 17 years of age which

Developmental Factors in Adolescent Child Sexual Offenders: A Comparison of Nonrepeat and Repeat Sexual Offenders		was consistent with the inclusion criteria. 'Developmental factors' included adverse experiences and sexual offences were consistent with harmful sexual behaviour.
Cale & Lussier (2017) Sexual behaviour in preschool children in the context of intra-parental violence and sexual coercion.	Included	Sample included participants who were 3-5 years of age, meeting the inclusion criteria. Sexually intrusive behaviour was consistent with harmful sexual behaviour.
Tidefors & Skillbäck (2014) The picture of me: Narratives about childhood and early adolescence by boys who have sexually abused peers.	Included	Sample included participants who were 19 years of age, however the researchers explained that they were under 18 years of age when they sexually abused.
Aebi, Landolt, Mueller Pfeiffer, Schnyder, Maier & Mohler Kuo (2015) Testing the "Sexually Abused-Abuser Hypothesis" in Adolescents: A Population-Based Study.	Included	Sample age was consistent with the inclusion criteria (up to 15 years of age). Behaviour was consistent with sexual behaviour problems and the publication explored sexual abuse.
Kubik, Hecker & Righthand (2002) Adolescent females who have sexually offended: Comparisons with delinquent adolescent female offenders and adolescent males who sexually offend.	Excluded	Age range in appropriate (included individuals 18+).
Slotboom, Hendriks & Verbruggen (2011) Contrasting adolescent female and male sexual aggression: A self-report study on prevalence and predictors of sexual aggression.	Excluded	Included participants up to 23 years of age.
Kjellgren, Priebe, Svedin, & Langstrom (2009) Sexually coercive behavior in male youth: Population survey of general and specific risk factors.	Excluded	Too many unrelated variables (i.e., depression, aggression).

Rasmussen (2012) Victim and victimizer: the role of traumatic experiences as risk factors for sexually abusive behavior.	Excluded	About sexually abusive behaviour generally – not specific to children and adolescents.
Lightfoot & Evans (2000) Risk factors for a New Zealand sample of sexually abusive children and adolescents	Included	Age range consistent with inclusion criteria. Although study included some other factors, big focus on adverse experiences (i.e., sexual abuse).
Puszkiewicz & Stinson (2019) Pathways to delinquent and sex offending behavior: The role of childhood adversity and environmental context in a treatment sample of male adolescents.	Excluded	Dissertation research project so not appropriate.
Fanniff & Kimonis (2014) Juveniles who have committed sexual offenses: A special group?	Excluded	Age range not appropriate (up to 19) and study considered a number of unrelated factors (i.e., delinquency, anxiety etc).
McMackin, Leisen, Cusack, LaFratta, & Litwin (2002) The relationship of trauma exposure to sex offending behavior among male juvenile offenders.	Included	Ages up to 17 (fits with inclusion criteria), population (juvenile sexual offenders) and focus of study relevant to review (trauma exposure).
Felizzi (2015) Family or Caregiver Instability, Parental Attachment, and the Relationship to Juvenile Sex Offending.	Excluded	Aged up to 20 years so not consistent with inclusions criteria.
Harrelson, Alexander, Morais & Burkhart (2017) The Effects of Polyvictimization and Quality of Caregiver Attachment on Disclosure of Illegal Sexual Behavior.	Excluded	Age of participants unclear – so excluded.
Knight & Sims-Knight (2004)	Excluded	Age of participants unclear – so excluded.

Testing an etiological model for male juvenile sexual offending against females.		
Szanto, Lyons & Kisiel (2012) Childhood Trauma Experience and the Expression of Problematic Sexual Behavior in Children and Adolescents in State Custody.	Excluded	Aged up to 18 – not adhering to inclusions criteria.

Appendix D – Qualitative Appraisal Checklist

The Critical Appraisal Skills Programme for Qualitative Research (CASP, 2018)

Items	Ratings Yes (1) No (0)
Section A: Are the results valid?	
1. Was there a clear statement of the aims of the research? a) Yes b) No	
2. Is a qualitative methodology appropriate? a) Yes b) No	
3. Was the research design appropriate to address the aims of the research? a) Yes b) No	
4. Was the recruitment strategy appropriate to the aims of the research? a) Yes b) No	
5. Was the data collected in a way that addressed the research issue? a) Yes b) No	
6. Has the relationship between researcher and participants been adequately considered? a) Yes b) No	
Section B: What are the results?	
7. Have ethical issues been taken into consideration? a) Yes b) No	
8. Was the data analysis sufficiently rigorous? a) Yes b) No	
9. Is there a clear statement of findings?	

a) Yes b) No	
Section C: Will the results help locally?	
10. How valuable is the research? a) Valuable (1) b) Not valuable (0)	
TOTAL	/10

Appendix E – Mixed-Methods Appraisal Checklist

Mixed Methods Appraisal Tool (MMAT) – Mixed Method Studies

Items	Rating (0 or 1)
1. Is there an adequate rationale for using a mixed methods design to address the research question?	
2. Are the different components of the study effectively integrated to answer the research question?	
3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	
4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	
5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved? Qualitative: a) Is the qualitative approach appropriate to answer the research question? b) Are the qualitative data collection methods adequate to address the research question? c) Are the findings adequately derived from the data? d) Is the interpretation of results sufficiently substantiated by data? e) Is there coherence between qualitative data sources, collection, analysis and interpretation? Quantitative (non-randomised): a) Are the participants representative of the target population? b) Are measurements appropriate regarding both the outcome and intervention (or exposure)? c) Are there complete outcome data? d) Are the confounders accounted for in the design and analysis? e) During the study period, is the intervention administered (or exposure occurred) as intended?	
TOTAL:	/14

Appendix F – Observational Appraisal Checklist

STROBE Statement

Items	Recommendation	Rating (0 or 1)
1. Title and abstract	(a) Indicate the study's design with a commonly used term in the title or the abstract	
	(b) Provide in the abstract an informative and balanced summary of what was done and what was found	
Introduction		
2. Background/rationale	Explain the scientific background and rationale for the investigation being reported	
3. Objectives	State specific objectives, including any prespecified hypotheses	
Methods		
4. Study design	Present key elements of study design early in the paper	
5. Setting	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	
6. Participants	(a) <i>Cohort study</i> —Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up <i>Case-control study</i> —Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls <i>Cross-sectional study</i> —Give the eligibility criteria, and the sources and methods of selection of participants	
	(b) <i>Cohort study</i> —For matched studies, give matching criteria and number of exposed and unexposed <i>Case-control study</i> —For matched studies, give matching criteria and the number of controls per case	
7. Variables	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	
8. Data sources/measurement	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	
9. Bias	Describe any efforts to address potential sources of bias	
10. Study size	Explain how the study size was arrived at	
11. Quantitative variables	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	
12. Statistical methods	(a) Describe all statistical methods, including those used to control for confounding	

	(b) Describe any methods used to examine subgroups and interactions	
	(d) <i>Cohort study</i> —If applicable, explain how loss to follow-up was addressed <i>Case-control study</i> —If applicable, explain how matching of cases and controls was addressed <i>Cross-sectional study</i> —If applicable, describe analytical methods taking account of sampling strategy	
Results		
13. Participants	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	
14. Descriptive data	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	
	© <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)	
15. Outcome data	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time	
	<i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure	
	<i>Cross-sectional study</i> —Report numbers of outcome events or summary measures	
16. Main results	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	
Discussion		
18. Key results	Summarise key results with reference to study objectives	
19. Limitations	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	
20. Interpretation	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	
21. Generalisability	Discuss the generalisability (external validity) of the study results	
TOTAL:		/24

Appendix G – Data Extraction Form

Data Extraction Form	
<i>Publication Details</i>	
<p>Author(s):</p> <p>Year:</p> <p>Title:</p> <p>Source:</p> <p>Country:</p>	
<i>Design/Method</i>	
<p>Aim(s) of Study:</p> <p>Study Design:</p> <p>Population: (i.e., sample size, participant/case ages, genders, ethnicities)</p> <p>Description of Exposure: (i.e., adverse experiences – sexual/physical/emotional/psychological abuse, neglect, trauma etc)</p> <p>Description of Outcome: (i.e., harmful sexual behaviour – may include sexual offending)</p>	
<i>Analysis/Results</i>	
<p><i>Quantitative:</i></p> <p>Statistical Tests:</p> <p>Findings:</p>	<p><i>Qualitative:</i></p> <p>Analyses:</p> <p>Findings:</p>
<p>Limitations:</p> <p>Conclusions:</p>	
<i>Quality</i>	
<p>Rating:</p>	

Appendix H – Individual Teacher Recruitment Email

Dear _____

I am emailing you about a research project that I am conducting as part of the Forensic Psychology Practice Doctorate at the University of Birmingham. I believe that you would be eligible as a participant and wish to contact you to see whether you would be interested in participating in the study.

The project aims to explore teachers' knowledge of harmful sexual behaviours exhibited by children and adolescents to contribute to the limited research into this area. I am interested in interviewing teachers about their experiences, perceptions and thoughts on harmful sexual behaviour. Interviewing teachers directly would be particularly valuable because the information generated from the study could inform teacher training on the topic of harmful sexual behaviour, as well as training for other professional groups who encounter these cases. I am particularly interested in speaking to teachers who have encountered or handled cases of harmful sexual behaviour during their career, but participation is open to anyone.

If you give your consent to participate in the study, you will be asked to attend one 45 to 60-minute interview which will be facilitated over-the-phone. The precise time and date of the interview will be arranged once you have expressed your interest in participating in the study. All interviews will be conducted by myself, Verity Norman, the lead researcher. Your details will remain confidential throughout the study, and you may withdraw from the study at any point leading up to and during the interview and up to one month after the interview.

If this is something that you would be interested in, I would appreciate it if you could contact me at the following email address: vnn758@student.bham.ac.uk for further information. Please note, in order to participate in the study, consent will need to be obtained from the headteacher of the establishment in which you work.

I appreciate you taking the time to read this email and I hope to hear from you soon.

Kind Regards,

Verity Norman

Lead Researcher and Trainee Forensic Psychologist
Department of Psychology and Criminology
University of Birmingham

Appendix I – Headteacher Email

Dear _____

My name is Verity Norman and I am contacting you today regarding a study that I am conducting.

I am a doctoral student on the Forensic Psychology Practice Doctorate course at the University of Birmingham. For my research project, I will be conducting interviews with teachers exploring the topic of harmful sexual behaviour exhibited by children and adolescents. The aim of the study is to encourage teachers to express their views, opinions and perceptions of children who engage in harmful sexual behaviour with a view to this information being used to assist in the development of training for teachers and other professionals.

I would like your permission to contact teachers and other members of academic staff in your school (including yourself) to ask if they would like to participate in the study. It is important to highlight that any information relating to the school, staff members and students will be fully anonymised and will remain confidential in the write-up of the study. If you permit your staff members to participate in the research, please could you confirm that you are aware of the purpose of the study and document your consent in an email or in writing. I would also appreciate it if you could circulate the email attached to your staff members.

If you have any questions about the research or wish to find out more about the study, you can contact me at the following address: vnn758@student.bham.ac.uk.

Kind regards,

Verity Norman

Lead Researcher and Trainee Forensic Psychologist
Department of Psychology and Criminology
University of Birmingham

Appendix J – Participant Recruitment Email

Dear All,

I am emailing you about a research project that I am conducting as part of the Forensic Psychology Practice Doctorate at the University of Birmingham.

The project aims to explore teachers' knowledge of harmful sexual behaviours exhibited by children and adolescents to contribute to the limited research into this area. I am interested in interviewing teachers about their experiences, perceptions and thoughts on harmful sexual behaviour. Interviewing teachers directly would be particularly valuable because the information generated from the study could inform teacher training on the topic of harmful sexual behaviour, as well as training for other professional groups who encounter these cases. I am particularly interested in speaking to teachers who have encountered or handled cases of harmful sexual behaviour during their career, participation is open to anyone.

If you give your consent to participate in the study, you will be asked to attend one 45 to 60-minute interview which will be facilitated over-the-phone. The precise time and date of the interview will be arranged once you have expressed your interest in participating in the study. All interviews will be conducted by myself, Verity Norman, the lead researcher. Your details will remain confidential throughout the study, and you may withdraw from the study at any point leading up to and during the interview and up to one month after the interview.

If this is something that you would be interested in, I would appreciate it if you could contact me at the following email address: vnn758@student.bham.ac.uk for further information.

I appreciate you taking the time to read this email and I hope to hear from you soon.

Kind Regards,

Verity Norman

Lead Researcher and Trainee Forensic Psychologist
Department of Psychology and Criminology
University of Birmingham

Appendix K – Information Sheet

Information Sheet

Thank you for your interest in participating in the study. You are invited to participate in a research project about teachers' views, opinions and experiences of young people who engage in harmful sexual behaviour. Before the interview commences, it is important that you understand the purpose of the study and understand what your participation will involve. Please take your time to read the information, and if you have any questions please ask the researcher.

Why is this study being conducted?

The purpose of the research is to explore teachers' knowledge of harmful sexual behaviour. Harmful sexual behaviour is a relatively new term, and is not yet fully understood, even amongst professional groups. Understanding the definition of harmful sexual behaviour and having insight into the characteristics of young people who engage in this type of behaviour will ensure professionals working with these individuals do so effectively. This study aims to explore the beliefs, attitudes and knowledge that teachers hold with a view for the findings to assist in the development of training and education.

What will the study entail?

If you wish to participate in the study, you will be asked to attend an interview which will be approximately 45-60 minutes long. The interview will be facilitated over-the-phone. During the interview you will be asked about your knowledge and experience as a teacher. Prior to the interview you will be sent a number of documents, including a document containing vignettes. You will be asked to discuss these vignettes during the interview. The vignettes depict different examples of harmful sexual behaviour. The vignettes are fictional but are designed to generate conversation about harmful sexual behaviour. You will be asked a few broad questions about the vignettes but reflective discussions are encouraged to generate a more open discussion of harmful sexual behaviour.

Do I have to participate in the study?

Participation in the study is entirely voluntary. If you are happy to participate in the study,

you will be given a consent form. You will need to read the terms carefully, and then sign your name and the date at the bottom of the page. At this point you will be asked to provide the researcher with a participant number which will be used to identify your transcript if you should wish to withdraw at a later date. You are able to withdraw from the study any time between the interview commencing, and the month following the interview. To withdraw your data please email the researcher with your participant number. If you wish to withdraw during the interview, please tell the researcher and they will end the interview immediately. On the consent form, there is also an option to receive information about the findings of the study. Please indicate on the form if you wish to receive information about the results.

Will the information I provide during the interview be confidential?

All interview data will be anonymised so that the information provided in participant interviews will remain confidential. Names and other forms of identifiable information will not be included in reports or write ups. It is important to note that all interviews will be audio-recorded so that the researchers have an accurate record of what has been said. However, only the researcher and the academic supervisor will have access to the audio-recording and any quotations will be fully anonymised. All research projects are vetted by an Ethics Committee before they can be carried out. The Ethics Committee at the University of Birmingham have reviewed this research project.

What if I have further questions about the study?

If you require further information about the study, please do not hesitate to contact the researcher, Verity Norman, or academic supervisor, Dr Zoe Stephenson. You can contact Verity at the following email address: vnn758@student.bham.ac.uk and you can contact Zoe at the following email address: Z.M.E.Stephenson@bham.ac.uk.

Thank you for showing an interest in the study. I hope the information provided in this document has been useful to you. Please do not hesitate to ask the researcher about any further questions that you might have about the study.

Appendix L – Consent Form

Consent Form

Please read the following information carefully. If you consent to the terms detailed on this consent form, please write your initials in each box and sign your name at the bottom of this page.

I acknowledge that the details of the study that I will be participating in have been explained to me by the researcher and I have been given the opportunity to ask questions.

☐

I have been informed that my participation in the interview is voluntary and that any data included in the research project will be confidential.

☐

I understand that my interview will be audio-recorded so that the researchers have an accurate record of what I say.

☐

I understand that my name will not be included in any reports or publications about the study being conducted. Any quotations used will not identify me personally or the school in which I work.

☐

I understand that I have the right to withdraw my data up to one month following the interview, without any obligation to explain my reasons for withdrawing. If I withdraw from the study, I understand that any data collected from me will be destroyed immediately.

☐

If I do not withdraw my data from the study, I understand that my data may be used for analysis and publication.

☐

If I do not withdraw my data from the study, I understand that my data will be stored in a safe and secure location, only accessible to the researcher and the academic supervisor.

☐

I consent to the above terms and wish to participate in the interview.

Signed: _____

Date: _____

When the research project is finished, I would like to be informed about the results of the study (*circle*)

Yes

No

If yes, please provide your email address below:

Appendix M – Interview Schedule

Interview Schedule

Introduction to Interview:

Thank you for participating in this interview. My name is Verity Norman, and I am a doctoral student at the University of Birmingham. Today I will be asking you some questions about harmful sexual behaviour (HSB). We will also be discussing different vignettes involving harmful sexual behaviour. I will be asking for your thoughts and feelings on each vignette. I encourage you to speak openly and honestly. If you have any concerns at any point in the interview please let me know immediately. You have the right to withdraw from the interview at any point. The interview will last for approximately 30 minutes. You will be able to find out more about the purpose of the study at the end of the interview. If you have any questions now, please feel free to ask and I will answer them as best I can.

Explore Current Knowledge of HSB:

Can you tell me what you know about HSB? (*Prompts: What do you think it means? Have you ever heard of HSB?*)

Can you tell me about your experience with young people who engage in HSB? (*Have you had any direct/indirect experience with individuals who engage in this type of behaviour? What experience have you had working with young people?*)

Explore Perceptions of HSB:

I would like you to tell me about how you think and feel after reading the vignettes overall.

1. *Were there any vignettes that particularly stood out to you?*
2. *How do you feel about what the vignette?*
3. *What aspects of the vignette stood out to you? Why is that?*
4. *Is there anything that you would like to say about the vignette?*

Prompts:

Were there any characteristics associated with the perpetrator that stood out to you?

- *Gender (male or female)*
- *Age (young or old, age differences)*

- *Circumstances and context*

Were there any characteristics associated with the victim that stood out to you?

- *Gender (male or female)*
- *Age (younger or older than perpetrator)*
- *Relationship to the perpetrator (family, friend, stranger)*

Were there any aspects of the behaviour that stood out to you?

- *Nature of the behaviour (coercive, violent, contact, non-contact)*
- *Frequency of the behaviour (isolated incident, or recurring problem)*
- *Duration of behaviour (ie, prolonged incident)*
- *Level of harm (to perpetrator/victim, low/high)*

Final Thoughts on HSB

- Do you think that HSB is a common problem amongst young people?
- How do you think HSB develops?
- Do you think young people who engage in HSB can be helped?
- How do you think perpetrators of HSB behave in adulthood?
- Who do you think may become a victim of HSB? (*age, vulnerability, gender, relationship to perpetrator*)
- How old do you think most individuals who engage in HSB are?
- Do you think there is a difference between the sexes in how frequently they engage in HSB?
- Do you think there are any specific characteristics that young people who engage in HSB might have? (*personality traits, mental well-being, IQ*)
- How do you think lay people might perceive young people who engage in HSB?
- How do you think professionals might perceive young people who engage in HSB?

Interview Close

Do you have anything else that you would like to say about harmful sexual behaviour? (*Wait for response*) Do you have any more general questions about the study? (*Wait for response*)

Thank you very much for participating in the interview today. The purpose of the interview today was to gather information about how professionals, particularly those in education, perceive young people who engage in harmful sexual behaviour. As a concept, harmful sexual

behaviour is under researched. This study aims to contribute to the current evidence base by exploring how professionals, who may come into contact with young people exhibiting this type of behaviour, perceive the behaviour. Research into forensic populations has found that negative attitudes held by professionals can adversely impact on how they work with clients. This may affect the efficacy of treatment and rehabilitation for these clients. The findings of the present study may have implications for how professionals working with young people are trained. If you are interested in the study and want to be notified when the results are out, please provide your email address so the results can be sent to you. If you have any questions or concerns about the study you can contact me on the email address provided on the information sheet. Once again, I really appreciate you participating in the interview today. Thank you for your time.

Appendix N – Interview Vignettes

Interview Vignettes

Before participating in the interview, you must read this document. If necessary, you may reread the document immediately before your interview to remind yourself of the content. However, you should ensure that the document is read in advance of the interview and that you take the time to read it carefully. Six vignettes depicting young people engaging in harmful sexual behaviour are presented below. During the interview, you will be asked to reflect on these vignettes. It is important to note that the individuals and situations described in the vignettes are completely fictional. If you have any questions or concerns about what you have read, please contact the researcher using the email address provided on the information sheet.

Primary School Age Vignettes

- 1. Sam is 5 years old. He goes to the after-school club every Wednesday when his parents are working late. One day, Sam decides to go and sit in the reading corner. When he goes over, a 4-year-old girl called Emma is sitting there looking through a picture book. Sam wants to look at the book as well, so he sits close to Emma and looks at the pictures over her shoulder. After a couple of minutes Sam starts touching Emma. He touches her face and her arms. Emma does not say anything and continues looking at the pictures. Sam looks around to see whether anyone is watching. When it is clear that nobody is watching him, Sam puts his hand inside Emma's underwear. He puts his fingers inside her vagina. Emma looks upset, but Sam continues to push his fingers inside Emma's vagina. Sam only stops when a teacher intervenes.*
- 2. Milly is 7 years old. She is an only child who lives with her mother and father. Milly goes to the school in the village nearby. Milly does not have any friends at school and sometimes gets into trouble with teachers for misbehaving in class. One day, Milly starts playing with her vulva in the playground. Milly pulls down her trousers and starts masturbating. The other children in the playground tell a teacher and Milly gets into trouble. Milly's parents are asked to meet with the head teacher of the school to talk*

about her behaviour. After the meeting Milly's parents talk to Milly about what she did. Milly tells her mother and father that she will not engage in that sort of behaviour again.

3. *James is 9 years old. He lives in a house with his mother and his 6-year-old sister Chloe. James' mother has recently started going out with a man called George. James does not really like George. George has a drinking problem and he sometimes pushes James around. James has tried talking to his mother about George, but she does not seem to care about how James is feeling. One day, James' mother and George go out, leaving James and Chloe alone in the house. James is feeling unhappy about his current situation. James is angry with his mother and George. James goes up to Chloe's bedroom to talk to Chloe. When James walks into Chloe's bedroom, Chloe is asleep on her bed. James walks over to Chloe and starts touching Chloe's body. Chloe starts to wake up and James tells her to be quiet. James puts his hand inside Chloe's pyjamas and touches Chloe's vagina. James continues to do this until Chloe starts to cry. At this point, James stops what he is doing and apologises to Chloe.*

Secondary School Age Vignettes

4. *Harry is 15 years old. He uses the school bus to get to school, as he lives too far away to walk. One day, Harry decides to sit at the back of the bus with a girl from one of his classes, who is called Charlotte. After talking to Charlotte for a while, Harry asks her whether she has a boyfriend. Charlotte responds to this question, telling him that she does not have a boyfriend. Harry asks whether Charlotte would like to go out with him, but she politely declines, adding that she is not interested in him romantically. Harry pleads with Charlotte to reconsider, taking her hand in his. Harry then places Charlotte's hand over his crotch, so it rests against his trousers. He moves Charlotte's hand over the material, so that she can feel his erect penis. Despite Charlotte's objections, Harry continues to rub Charlotte's hand against his genitalia, whilst telling her how much he likes her.*
5. *Oliver is 13 years old. He has always lived with his grandparents and has a good relationship with them. Oliver's grandparents like to spoil Oliver by spending money on him. Oliver's grandfather recently gave him some money so he could buy a laptop. A few months ago, Oliver started watching pornography on his laptop. Since then, Oliver has*

become obsessed with watching pornography. Oliver watches it several times a day and masturbates excessively. This obsession has become a problem for Oliver because he rarely leaves his bedroom when he is at home. Oliver's obsession is also impacting on his schooling. Oliver's attendance has deteriorated significantly because Oliver frequently refuses to go into school and becomes hostile when he is challenged by his grandparents. Furthermore, in recent weeks, the pornography that Oliver has been accessing has become more depraved and disturbing.

6. *Lucy is 14 years old. She does not have many friends at school and is generally quite disruptive in class. Lucy has recently fallen out with a girl called Megan, who is in the year below her. Since the fallout, Lucy and her friends has been bullying Megan almost every day at school. Lucy has been making sexually explicit comments about Megan to other children at school and has been calling Megan derogatory names such as, 'slag' and 'slut'. One day, the two of them get into an altercation in the school toilets. After a few minutes, Lucy hits Megan, who subsequently falls to the ground. Lucy orders her friends to pin Megan down on the ground, while Lucy removes Megan's skirt and underwear. Lucy takes several photos of Megan's genitalia on her phone and threatens to share the photos on social media if she tells anyone about what has happened.*

Appendix O – Debriefing Sheet

Debriefing Sheet

Thank you for taking the time to participate in this interview, and for contributing to the research project which explores teachers' perceptions, experiences and thoughts on harmful sexual behaviour.

If you wish to speak to someone about any issues that were raised during the interview, please contact the researcher, Verity Norman, at the email address: vnn758@student.bham.ac.uk. Alternatively, you can contact the academic supervisor, Dr Zoe Stephenson, at the following email address: Z.M.E.Stephenson@bham.ac.uk.

If you would like to withdraw your data from the study please contact the researcher, Verity Norman, using the email address provided above. Please include your participant number, which was given to you prior to the interview commencing, when emailing to withdraw your data from the study. You are able to withdraw your data up to a month following your participation in the interview. If you withdraw, all records of your data will be deleted.

Thank you once again for participating in the study. If you have any further questions, please contact the researcher.

Appendix P – Reflexive Statement

Reflexive Statement

Ibrahim and Edgley (2012) define reflexivity as "a self-awareness practice achieved by directing an analytical gaze into the self in an attempt to understand the dynamics between the researcher and the researched" (p. 1671). During the process of conducting this study, I maintained a reflexive journal, where I was able to document my observations and reflections following interviews with participants. Given the exploratory nature of this project, I felt that it was particularly important to consider how my own perceptions and experiences as a researcher may have influenced my interpretation of the results. In this reflexive statement, I hope to draw attention to some of the biases and underlying assumptions which may have contributed to the findings of the study.

Despite my academic interest in HSB, I have not had any experience working with young people during my training to become a Forensic Psychologist. In a sense, I believe that this has placed me a unique position to conduct research concerning the topic; I did not have many preconceptions about HSB at the start of this project. However, I do believe that my experience as a practitioner has guided my interest in this subject. Over the years I have encountered numerous service-users within the field of forensic mental health, whose issues appear to have originated in childhood. Some of these individuals engaged in, what is now referred to as HSB, during their early life but due to the poor recognition of these issues historically, these incidents were minimised or dealt with through the implementation of punitive measures. My interest in HSB as a research topic, was linked to my own curiosity about the lives of these service-users. I have always wondered, if circumstances had been different for these individuals, whether their lives would have followed a different trajectory; whether they would have the issues that they have today if their needs had been addressed

earlier in their life; whether they would have offended if they had received the help that they needed as children. These thoughts raised further questions about the systems that are currently in place today – how young people engaging in HSB are being identified and managed by professionals, and whether the procedures that are followed are holistic and trauma-informed, which as a psychologist, you would hope that they are. I believe that my experiences of forensic mental health, as well as my training as a psychologist, may have shaped my perceptions of HSB and guided my expectations for the research project.

Before conducting this research, I believe that I may have held a few assumptions about how the participants would respond to the topic of HSB. However, these assumptions were only identified when participants made statements which contradicted my immediate expectations. For example, I initially made the assumption that the participants would be shocked by the vignettes depicting incidents of HSB and, although this reaction was evident in many cases, I was surprised to find that some individuals were unsurprised by the vignettes and considered them to be quite plausible. Whilst conducting interviews with participants, there were other occasions where I experienced this same feeling of enlightenment, upon realising that my expectations had been challenged or defied. I felt that I practised self-reflection often enough to uncover some of these underlying assumptions, which informed the way I carried out subsequent interviews. Although the interview structure was semi-structured, I made a conscious effort to adhere to the interview schedule to ensure that my questions were clear, consistent, and unbiased. However, I believe that simply having knowledge of the assumptions that I held, made me more aware of how I questioned participants and allowed for more exploratory discussion to be facilitated.

It should be noted that the process of recruiting participants for the research project was not without its challenges. The recruitment process was characterised by disappointment

and frustration due to many leads to potential participants turning into dead ends. This was the rationale for introducing a monetary incentive to entice participants. Given the sensitive nature of the subject matter, it appeared that many educators shirked the opportunity to contribute to the research. Of those individuals who had initially demonstrated an interest, it was found that their willingness to participate quickly dwindled when they were asked to inform senior staff members about the study. Although this was not the case for all educators, the reluctance to engage in discussions about HSB within this professional group was evident. As a forensic practitioner, it was easy to forget how distressing the topic likely was for some. This is something that I may have overlooked during the planning of the project. Furthermore, given that my practice has been with adults, it was possibly easier for me to detach from the subject-matter than it was for individuals who work with young people day in and day out. The process of conducting this research project was also affected by the unprecedented events of March 2020; specifically, the COVID-19 global pandemic which caused a nationwide lockdown in the subsequent months. This slowed down the participant recruitment process and thus, my progress with the study.

Overall, I feel that I have been able to reflect on the personal biases that I introduced to the study, throughout the course of this research project. I believe that the use of the reflexive journal during the stages of data collection and data analysis, in addition to the use of regular supervision allowed me to monitor my biases very closely. I believe that this increased awareness allowed me to carry out the research with genuine curiosity, where I was guided by the participants' feedback, rather than my own agenda as a researcher.

Appendix Q – Thematic Hierarchy 1

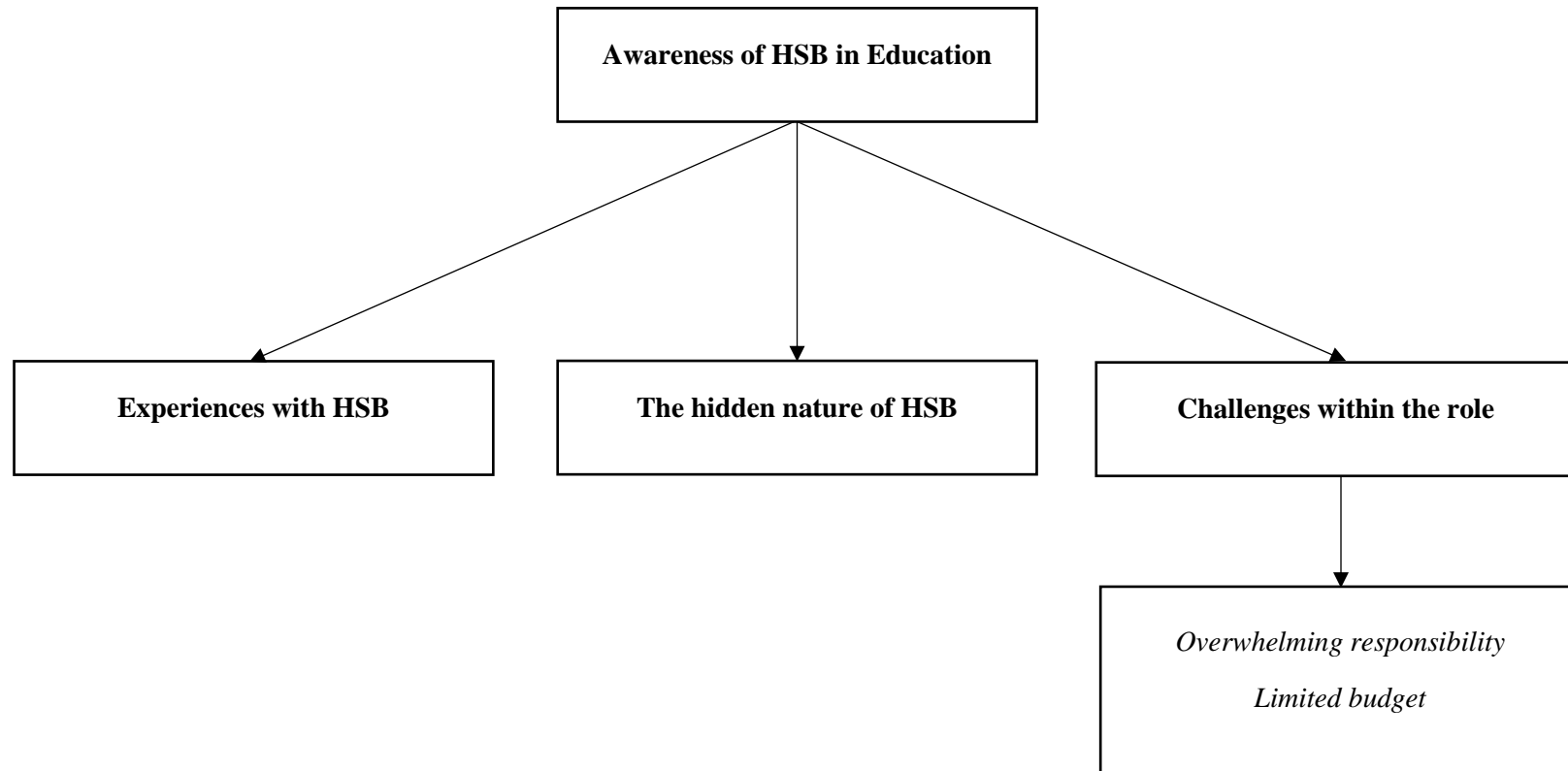


Figure 1. Thematic hierarchy of the theme 'Awareness of HSB within education'

Appendix R – Thematic Hierarchy 2

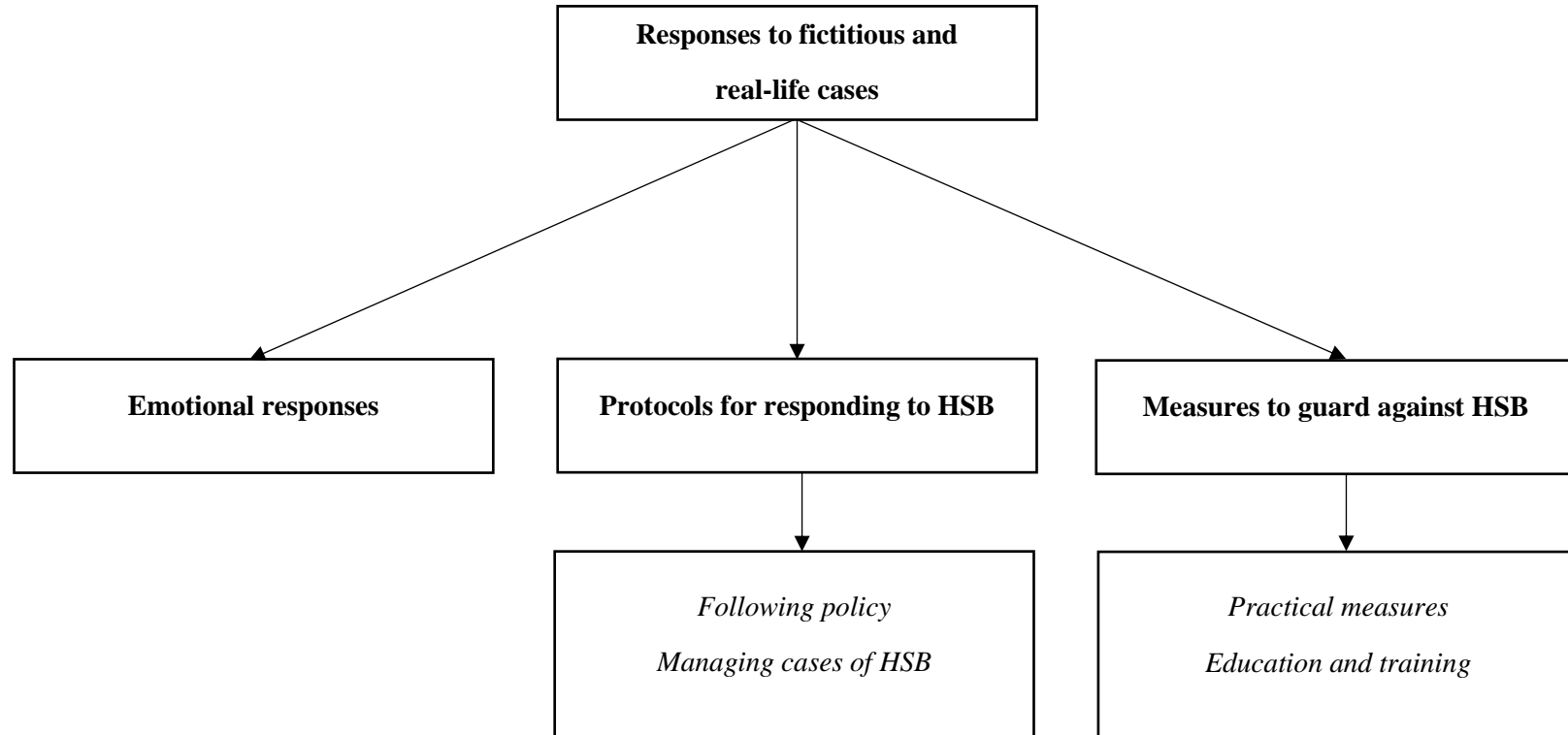


Figure 2. Thematic hierarchy of the responses to fictitious and real-life cases

Appendix S – Thematic Hierarchy 3

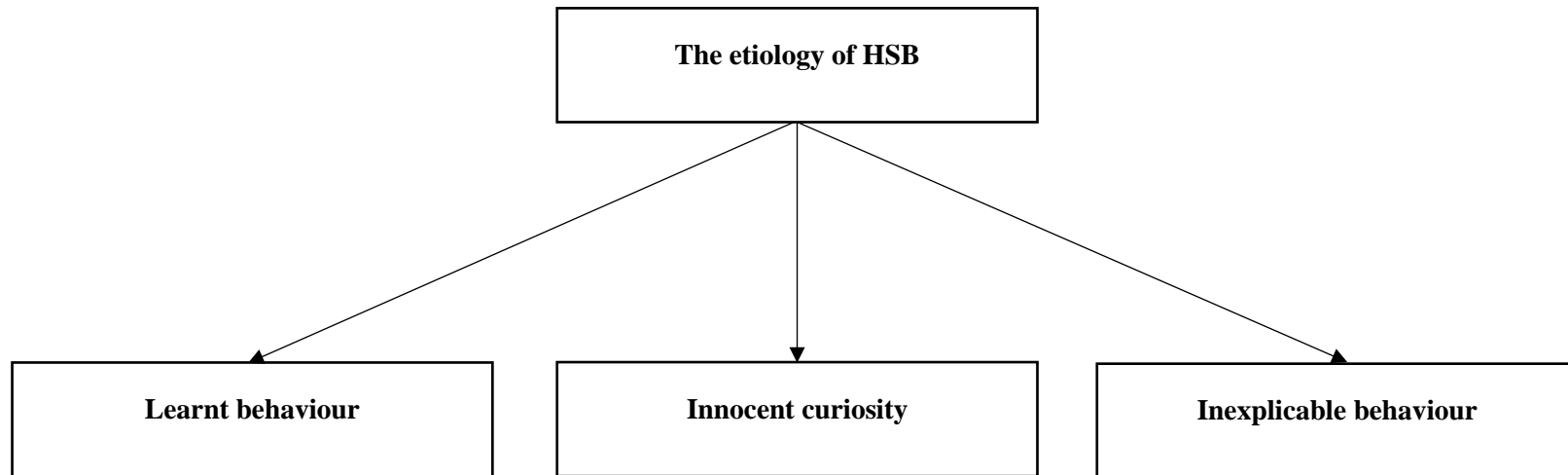


Figure 3. Thematic hierarchy of the etiology of HSB

Appendix T – Thematic Hierarchy 4

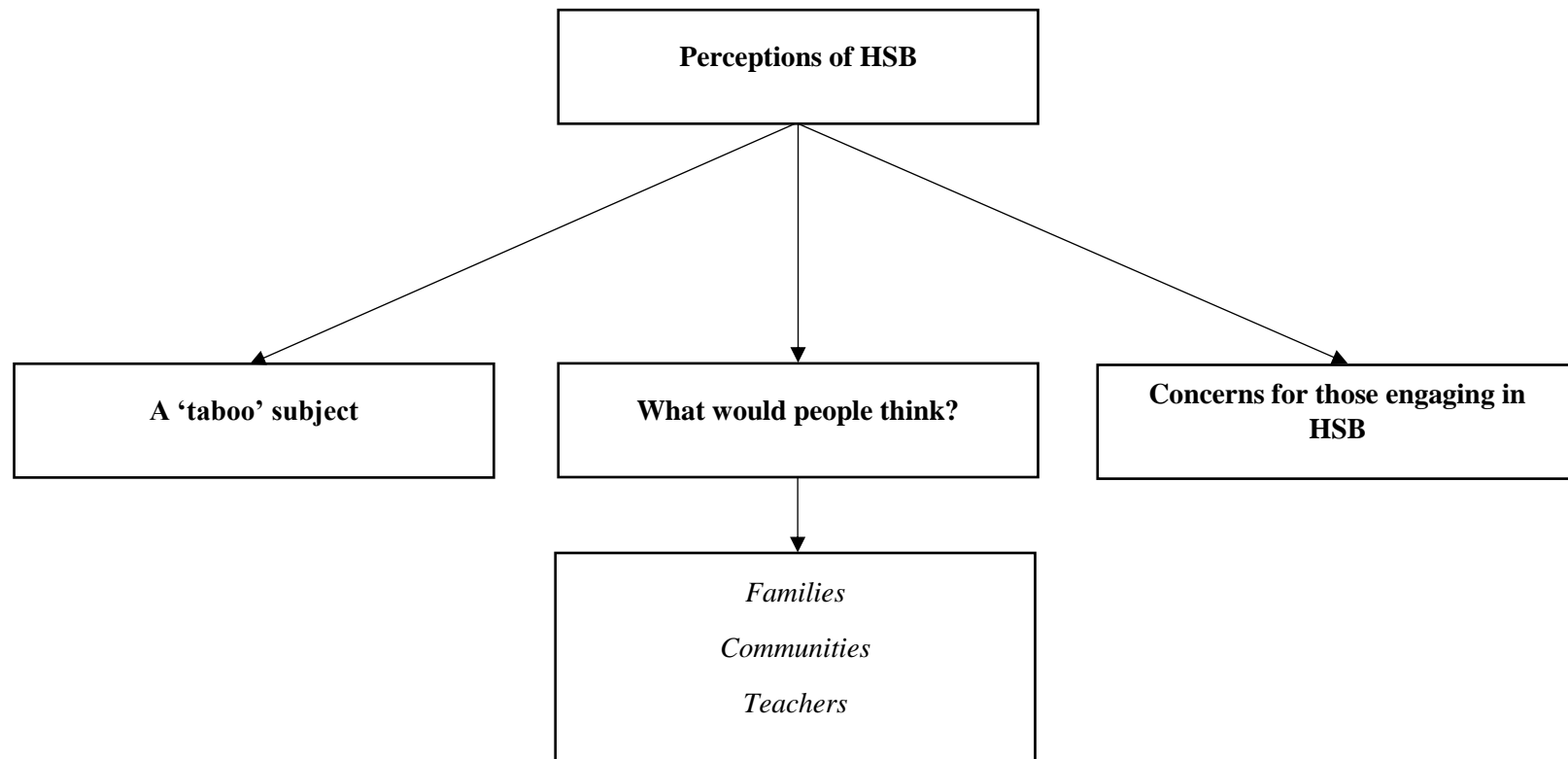


Figure 4. Thematic hierarchy of the perceptions of HSB

Appendix U – Thematic Map

